



The Center Of  
 Music and Art  
 264 Main Street – PO Box 2208  
 Wintersville, OH 43953 - (740)264-3111

# Online Lesson Registration Form

Registered by: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Date Registered: \_\_\_\_\_

www.musicandart.com email: contact@musicandart.com

**Student Name:** \_\_\_\_\_ **Student Birthday:** \_\_\_\_\_  
Last First M.I.

**Person Responsible for Tuition:** \_\_\_\_\_  
Last First

**Address:** \_\_\_\_\_  
Street City State Zip

**Phone:** (\_\_\_\_\_) \_\_\_\_\_ / (\_\_\_\_\_) \_\_\_\_\_ / \_\_\_\_\_  
Home / Primary Cell Number for Cancellations

**Email:** \_\_\_\_\_

**Parent/Guardian** (if different than above)

**Name:** \_\_\_\_\_  
Last First

**Address:** \_\_\_\_\_

**Phone:** (\_\_\_\_\_) \_\_\_\_\_

**How did you hear about us?**

**Emergency Contact:**

Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

- All tuition is due monthly, and is due by the 10th of each month. Tuition is required at registration to reserve your space. All tuition is **non-refundable**.
- CMA must be notified **24 hours** in advance of a lesson cancellation in order for it to be considered excused. Excused lessons have 3 months to schedule a make-up. No make-ups are given for group classes.
- Any cancellation that is not made 24 hours in advance may be considered unexcused, at the discretion of CMA. **No-call no-show lessons are considered unexcused, and cannot be made-up.**
- CMA must be notified in advance of any vacation days the student will be taking.
- It is the responsibility of the person paying the tuition to inform CMA **in writing** that the student is discontinuing. **This written notice must be given to the desk. The student will be billed for lessons until the written notification is received.**
- CMA reserves the right to utilize a qualified substitute teacher when necessary.

I have read and agreed to the tuition agreement stated above:

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Automatic Monthly Billing (optional)**

I hereby authorize my credit/debit card to be automatically charged for lessons. Card will be billed on the 10th of each month.

Card Number \_\_\_\_\_ / Exp. Date \_\_\_\_\_ Name as it appears on card \_\_\_\_\_ CVC \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Office Use Only*

<b>Private</b> <input type="checkbox"/>	<b>Semi</b> <input type="checkbox"/>	<b>Group</b> <input type="checkbox"/>	<b>Instrument/Class</b> _____	<b>Teacher:</b> _____	<b>Day:</b> _____	<b>Time:</b> _____
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## Lesson & Tuition Agreement

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By signing this registration form, you agree to the terms of this agreement.