



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

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

Lesson Registration Form

Office Use Only

Registered by: _____ Amount Paid: _____
 Starting Date: _____ Date Registered: _____

Student Name: _____ Birthday: _____
Last First M.I.

Person Responsible for Tuition: _____
Last First

Address: _____
Street City State Zip

Phone: (____) _____ (____) _____ Email: _____
Home / Primary Cell

Parent/Guardian information: _____
(If different than above) Last First

Address: _____
Street City State Zip

Phone: (____) _____ (____) _____ Email: _____

Emergency Contact: _____ (____) _____
Name Relation Phone

How did you hear about us? _____

- All tuition is due monthly, and is due the first week of each month. Tuition is required at registration to reserve your space. A \$10 late fee may be applied to any tuition not paid by the 10th of each month. 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 agree to the tuition agreement: _____
Signature Date

Automatic Monthly Billing (optional)

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

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

Signature _____ Date _____

Office Use Only

Private	Semi	Group	Instrument/Class	Teacher:	Day:	Time:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____



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Lesson & Tuition Agreement

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