



MUSIC THERAPY REGISTRATION FORM 2011-2012

407 Highland Avenue Winchester MA 01890
 T 781.721.2950 F 781.721.9670 E wcms@winchestermusic.org www.winchestermusic.org

Please fill out this column completely

School _____ Grade (as of Fall 2011) _____

Account/ Parent Name

2nd Parent Name

CELL Phone

CURRENT Email (please print)

STUDENT _____ DOB _____

ADDRESS _____ HOME PHONE _____

CITY _____ STATE _____ ZIP CODE _____

PLEASE PRINT

Appropriate payment must accompany this registration form in order to be processed.
 Pricing as recorded on registration form subject to verification. *Thank you.*

ACTIVITY	INSTRUMENT	LESSON LENGTH IN MINUTES	SCHEDULING INFORMATION <small>Please provide us with as much information as possible, use separate sheet, if necessary</small>	TUITION COST
PRIVATE LESSON	Music Therapy	<input type="checkbox"/> 30 <input type="checkbox"/> 45 <input type="checkbox"/> 60		30 min. \$ 720.00 45 min. \$1020.00 60 min. \$1320.00
INTAKE <small>(New Students Only)</small>	Music Therapy	<input type="checkbox"/> 30 <input type="checkbox"/> 45 <input type="checkbox"/> 60		30 min. \$ 45.00 45 min. \$ 63.75 60 min. \$ 82.50

<p style="text-align: center;">Signature (of student or parent if student is minor)</p> <p style="font-size: small;">The signer understands and agrees to the Absence/Schedule and Refund/Withdrawal policies described on the reverse of this form and on the WCMS website and accepts responsibility for charges and fees that may be incurred.</p>	<p>Total Tuition cost from above column \$ _____</p>
<p style="text-align: center;">BE SURE TO INCLUDE REGISTRATION FEE We cannot process registration unless included</p>	<p>Discounts: Multiple lesson~ Senior citizen (See reverse for full explanation) \$(_____)</p>
<p>PAYMENT INFORMATION</p> <p><input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ (Please make check payable to WCMS)</p> <p>Please Charge my <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER</p> <p>CHARGE MY CARD FOR:</p> <p><input type="checkbox"/> Amount due at time of registration.</p> <p><input type="checkbox"/> NEW: Authorize auto-charge for Spring semester on due date-Jan. 6, 2012</p> <p><input type="checkbox"/> Remaining Payment Plan installments charged when due: REQUIRES CREDIT CARD (Fall 2011) October 7; November 4; (Spring 2012) January 6; February 10; March 16</p>	<p>Total Tuition \$ _____</p> <p>ADD: Registration Fee \$30 individual / \$45 Family \$30 or \$45 Circle One</p> <p>ADD: Payment Plan Fee (\$20 if applicable) \$ _____ Payment MUST be made by Credit Card</p>
<p>TOTAL DUE NOW \$ _____</p>	<p>TOTAL DUE NOW \$ _____</p>

Card # _____ Exp. Date ____/____/____

Name as it appears on card _____

Billing Address if different from home: _____

**PHOTO & VIDEO
RELEASE**

I allow WCMS full use of photos/videos Taken at all school sponsored functions of the above registered student. **YES** **NO**