

Registration Form FOR CLASSES, CAMPS & WORKSHOPS

DUPLICATE AS NEEDED • AVAILABLE ON WEBSITE • ONE STUDENT PER FORM

1

STUDENT'S NAME _____

HOME ADDRESS: STREET _____

HOME ADDRESS: CITY/ZIP _____

PHONE: HOME _____

PHONE: CELL _____ PHONE: WORK _____

EMAIL _____

BIRTHDATE _____

SCHOOL PRESENTLY ATTENDING/EMPLOYER _____

2

PARENT GUARDIAN NAME 1 _____

PHONE: CELL _____ PHONE: WORK _____

EMPLOYER _____

PARENT GUARDIAN NAME 2 _____

PHONE: CELL _____ PHONE: WORK _____

EMPLOYER _____

EMERGENCY CONTACT _____

DOES YOUR CHILD HAVE SPECIAL NEEDS? (PLEASE SPECIFY) _____

3

If registering for an Ensemble, please include instrument.

CSMA private lesson students registering for Core Curriculum classes should clearly mark tuition box: \$0/CC

COURSE NUMBER	COURSE TITLE	TUITION/FEE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

4

PAYMENT

Payment IN FULL is due with registration. Checks payable to CSMA.

VISA MASTERCARD

ACCOUNT NUMBER _____ EXP. DATE _____

PRINT CARDHOLDER NAME _____

CARDHOLDER SIGNATURE _____ DATE _____

Tuition/Fee Due: \$ _____

Discount/Credit: (\$ _____)

Tax-Deductible Donation:* \$ _____

TOTAL \$ _____

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HOW DID YOU HEAR ABOUT CSMA?

- Neighbor/Friend Banner
- Media Article Library/Rec Center
- Website Catalog Insert in Newspaper
- Yellow Pages Advertisement
- At Your School (Teacher/Newsletter)
- Other: _____

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OPTIONAL

Ethnic Group: _____

AE = Native American AS=Asian or Pacific Islander

BL = African-American HI=Hispanic/Latino

ME = Middle Eastern WH=Euro American

OT=Other

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POLICY AGREEMENT

I have read and agree to ALL policies on pages 28 & 29.

SIGNATURE _____

Your registration cannot be processed without a signed policy agreement.

**My company will match my donation. One third of CSMA's total budget comes from contributed income.*

Mail to:

Community School of Music and Arts • Finn Center, 230 San Antonio Circle, Mountain View, CA 94040 • Tel: 650-917-6800 • Fax: 650-917-6803