



PRIVATE LESSON REGISTRATION

SEMESTER _____ YEAR _____

400 Congdon Street, Chelsea MI | Phone (734) 433-2787 Fax (734) 433-2788 | www.ChelseaCenterForTheArts.org

Instructor	Instrument	Lesson Length	Day	Time	# of Lessons or Lesson Package	Tuition

STUDENT INFORMATION New Student Returning Student

Student Name _____

Parent/Guardian Name (responsible for billing/payment) _____

Student e-mail* _____

Parent e-mail* (invoices sent via e-mail) _____

Birthday _____ Age Now (youth students) _____ Grade In School _____ School _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Student Cell Phone _____ Parent Phone _____

I have received a copy of the student handbooks and will adhere to the guidelines within

Please sign & date _____

*Parent and student e-mails will be added to the "Music Student" mailing list for important updates and reminders. Parent e-mail will be entered into accounting system for e-mail invoices, if necessary.

PAYMENT PLAN INFORMATION

PAYMENT QUESTIONS SHOULD BE DIRECTED TO THE OFFICE

Please see the individual instructor rate sheet for information on tuition payments for your specific instructor.

HOW WOULD YOU LIKE TO PAY?

PAY IN FULL WITH A CHECK (*save*)

PAY IN FULL WITH CREDIT CARD

CREDIT CARD Visa MC # _____ Exp _____ code _____

AUTOMATIC BILLING Credit Card or Electronic Check

Schedule of Payments

I wish to pay monthly

I wish to pay bi-weekly

PLEASE INVOICE ME MONTHLY (invoices will be e-mailed, a \$10 late fee will be applied to late payments)

Payments are due on the 8th of the month. A reminder invoice is sent by email at least one week before payment is due.

HOW TO SUBMIT PAYMENT

1. Leave the third copy of this form with your instructor
2. Keep the second copy for your records
3. Submit the original form to the office.

During office hours: please bring the original copy of this form plus payment to our office

After office hours:

To pay with a check—place this form in the tuition drop box with check

To pay with credit card—place this form in tuition drop box, or log onto:

www.chelseacenterforthearts.org/registration.html to submit payment

OFFICE USE ONLY

Tuition \$ _____

X % _____ \$ _____

Less discount \$ _____

Divide by # of pymnts. _____

Installment Total \$ _____

QB ML GW CC

PLEASE RETAIN A COPY FOR YOUR RECORDS