



701 Main Street, Monroe, CT 06468 Phone 203.261.7301 Fax 203-459-1772  
[www.TheCreativeMusicCenter.com](http://www.TheCreativeMusicCenter.com)

## Fall 2018 Lesson Pre-Registration Form

I intend to register for private music lessons with Creative Music Center this fall.

### **Student 1:**

Name \_\_\_\_\_ Teacher \_\_\_\_\_ Instrument \_\_\_\_\_

I would like to: \_\_\_\_\_ Keep my current lesson day/time of \_\_\_\_\_

\_\_\_\_\_ Change my current lesson day/time to \_\_\_\_\_

My second choice of day/time is \_\_\_\_\_

### **Student 2:**

Name \_\_\_\_\_ Teacher \_\_\_\_\_ Instrument \_\_\_\_\_

I would like to: \_\_\_\_\_ Keep my current lesson day/time of \_\_\_\_\_

\_\_\_\_\_ Change my current lesson day/time to \_\_\_\_\_

My second choice of day/time is \_\_\_\_\_

### **Student 3:**

Name \_\_\_\_\_ Teacher \_\_\_\_\_ Instrument \_\_\_\_\_

I would like to: \_\_\_\_\_ Keep my current lesson day/time of \_\_\_\_\_

\_\_\_\_\_ Change my current lesson day/time to \_\_\_\_\_

My second choice of day/time is \_\_\_\_\_

***NOTE: Pre-registration will reserve a lesson time with your instructor for your return in the fall.  
Our fall lesson schedule begins Monday, August 27 (to coincide with the week school commences).  
We will do our best to accommodate your specific day/time requested.  
Confirmation will be emailed to you in early August.***

Parent Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**A non-refundable 2-lesson deposit per student of \$74 for 30-minute lessons or \$111 for 45-minute lessons must be submitted before July 1 with this form. This deposit will be applied to your initial fall lesson billing.**

Form of payment: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Please charge the fee to my credit card on file.

\_\_\_\_\_  
Parent/Student Signature

\_\_\_\_\_  
Date