

# 2007-2008 Class Registration Form

## BROOKLINE MUSIC SCHOOL

25 Kennard Road, Brookline, MA 02445, Phone: 617-277-4593 Fax: 617-277-4437 Web: www.bmsmusic.org

Today's Date: \_\_\_\_\_

### Student:

Name: \_\_\_\_\_  Female  Male Age \_\_\_\_\_ Birthdate: \_\_\_\_\_

School attending September '07: \_\_\_\_\_ Grade: \_\_\_\_\_

Class Name & Teacher: \_\_\_\_\_ Class Day/Time (if known): \_\_\_\_\_

**If signing up for Music & Movement, you may bring a sibling to class. Younger siblings are welcome with teacher's approval.**

Fees: 0-3 months: Free 4-12 months: 50% of class fee

I wish to bring a sibling to class. Sibling Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent #1 Name: \_\_\_\_\_ Parent #2 Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Adult Student/Parent #1 Work Phone: \_\_\_\_\_ Parent #2 Work Phone: \_\_\_\_\_

### Optional

Demographic information is requested by funding sources, and helps us evaluate our efforts to service a diverse community.

**Ethnicity:**  African or African American  Asian or Asian American  Latino  
 Native American  White  Other: \_\_\_\_\_

### PAYMENT OPTIONS: (please read about our rates, policies and discounts at [www.bmsmusic.org](http://www.bmsmusic.org) or in our 2007-2008 catalogue)

Pay in full:  Check Enclosed  Credit Card (see below)

**Automatic Payment Plan** (Monthly installments will be automatically deducted from your credit card. \$10 fee per semester; A deposit of four classes is due upon signing up)

Payment in Full for the Class: \$ \_\_\_\_\_

\*\*Deposit in the Amount of 4 Classes (if opting for payment plan) \$ \_\_\_\_\_

Reg. Fee (\$30/one student; \$45/family) \$ \_\_\_\_\_

*\*\*If opting for a payment plan, a deposit is due in the amount of 4 classes. To calculate the price for each class, divide the total dollar amount of the class by the number of total classes for the semester.*

Payment Plan Fee (\$10): \$ \_\_\_\_\_

Subtotal: \$ \_\_\_\_\_

Minus Applicable Discounts: \$ \_\_\_\_\_

**TOTAL DUE** \$ \_\_\_\_\_

**CREDIT CARD:**  Visa  MasterCard  Discover

Card #: \_\_\_\_\_ Exp.: \_\_\_\_\_

*I understand that this card may be charged for monthly installments.*

Signature: \_\_\_\_\_

**Office Use:** ArtPro \_\_\_\_\_ FMP \_\_\_\_\_ Payroll \_\_\_\_\_ Scheduled \_\_\_\_\_ Confirmation Sent \_\_\_\_\_