



REGISTRATION FORM

TERM: Fall Semester _____ Spring Semester _____ Summer _____ (check one)

STUDENT INFORMATION

Date: _____

_____ New/Returning Student (circle one)
 Last Name First Name M.I.

Address: Street City Zip

E-mail Address Home Phone Number Cell Phone Number

Parents' Names (for school-age students) School Attending /Current Grade (if applicable)

Emergency Contact Name Emergency Phone Number

How Did You Learn About Nazareth CMP? Date of Birth: MM / DD / YY

REQUESTED AREA(S) OF STUDY Instrument/Course

Preferred Instructor (if known)

Previous Music Study

REGISTRATION INFORMATION

Registrant is responsible for understanding and complying with the policies in the **CMP Brochure**. If making multiple registrations for lessons and/or classes, please use a separate registration form for each lesson requested.

Instrument/Course	Instructor	If less than full term: Lesson length/# of lessons/ Rate per lesson	Tuition
_____	_____	_____ / _____ @ \$ _____	\$ _____

Please enclose a check, payable to:
Nazareth College-CMP
 Return to:
Nazareth College
Department of Music
4245 East Avenue
Rochester, NY 14618-3790



Registration Fee	\$10.00
Total Amount Due	\$ _____
Amount Paid	\$ _____
Amount Due	\$ _____