

Spring 2019 Enrollment Form Private Lessons ~ Jan 7 – May 2

		Today's Date								
Student Name							[⊐ №	ew 🛮 Returning	
Address	City	City				Zip				
Primary telephone ()		Email:							
Instrument/Voice:			_ Teacher :							
Please complete the follo	owing if student is	unde	er age 18							
Student age	Grade		School							
Parent name(s)			P	rimar	y phone					
enrollment form is on file wuniversity holidays, or incle expected to arrive at their leacher	ment weather. Less	sons ca	anceled by the stude	nt witl	nout 24-hour	notic	e will not be ma	ade ι	up. Students are	
30 minutes	\$15	Х		=		+	\$ 25	=		
45 minutes	\$22	Х		=		+	\$ 25	=		
60 minutes	\$28	Х		=		+	\$ 25	=		
Graduate Student Teache	r or Local Profession	nal								
30 minutes	\$20	Х		=		+	\$ 25	=		
45 minutes	\$29	Х		=		+	\$ 25	=		
60 minutes	\$38	Х		=		+	\$ 25	=		
NOTE: U of A Faculty inst more information. Payment		I I	sson rates for CMS	lesso	ns. Contact	the C	,	ns@	uark.edu) for	
You will receive an inFollow the instructionDo not sent payment	ns on the invoice t	to mal	ke payment by che			ull ar	mount due.			
SIGNATURE		(Adult student or Parent of Child under 18)								

Signature indicates responsibility for enrollment and payment, including knowledge/understanding of U of A Community Music School policies/procedures, and permission for use of student photos and videos in promotional materials (catalog, website, newsletter, etc.). Signature also acknowledges that there are risks involved in any program and that the University of Arkansas will not be held responsible

for accidents that may occur in association with participation in the Community Music School program.