

Fall 2018 / Spring 2019 Registration Form

Please return completed forms with payment to: 11125 Magnolia Drive Cleveland, OH 44106

Email: ecs@themusicsettlement.org

Questions?

Call 216-421-5806

Music Instruction xt. 100 Fax: 216-231-5005 Early Childhood xt. 160 Fax 216-421-7784 Music Therapy xt. 104 Fax 216-231-5007

Gender:

Birthdate:

Other

Native American

Female Male

Other

Financial aid is available!

Student / Client Information:

Name (First)

Demographic Information:

Please visit our website or contact 216-421-5806 xt. 100 for financial aid information as well as information regarding our policies and procedures and tuition.

Caucasian

What, if any, special/inclusion needs does the student/client have? (New registrants must have approval from Center prior to enrollment)

Hispanic/Latin American

How did you hear about us (please specify)? Are you a new student? Yes Nο Friend / Family Are you applying for income based financial aid? Yes No Internet / Website Did you receive a scholarship? Nο Yes Magazine / Newspaper Are you using 3rd party funds? Yes Nο Event: Campus: Ohio City University Circle Off-site Other:

(Last)

Asian/Asian American

African American

Parent / Guardian / Adult Student-Client Information:			Relationship to student		
Name (First)	(Last)			Gender:	Female
Demographic Information:	Asian/Asian American African American	Caucasian Hispanic/Latin American	Native American Other		Male Other
Address:					
City:		State:	Zip		
E-mail:					
Primary Phone:		Cell Phone	± :		
*Authorized Signature					
	*Parent or Guardian must sign for Settlement's Terms & Conditions, I		igning, I confirm that I agree to and unde	erstand all of The N	1usic

Billing Information (if different from Adult Student or Parent/Guardian)							
Name: (First)	(Last)						
Address:							
City:	State: Zip						
Primary Phone:	Cell Phone:						
E-mail:							

TUITION/REGISTRATION WORKSHEET - Fall 2018 / Spring 2019

CENTER FOR MUSIC Private	Instruction // Pr	ices starting at	\$30 per ½ h o u r // Ac	companimer	nt \$10.50 per ½	hour				
Number of weeks: 36 weeks Instrument:	Lesson length (mir	nutes): Tooch	ner preference:		Skill Level:					
I.	30 45	60	ier preierence.							
2.	_ 30 45	60		Beginning Beginning	Intermediate Intermediate	Advanced Advanced				
	-			Degiiiiiig	mermediate	Advanced				
Availability (Indicate earliest s Monday Tuesd		wednesday	ach day available): Thursday		Friday	Saturday				
Admissions for Preschool – Day School – Kindergarten contact Early Childhood office at 216-421-5806 xt. 160 If registering for a class with more than one section, please indicate 1st, 2nd and 3rd choice below. Do not choose a day/time you cannot attend										
Class or Ensemble: Cours	se Number:	Day and Tim	ie: (Mon-Fri)		Skill Level:	A 1				
1. 2.				Beginning	Intermediate	Advanced Advanced				
				Beginning	Intermediate	, tavaneea				
CENTERS FOR EARLY CHILDHOOD & MUSIC THERAPY (New registrants must have approval from Center prior to enrollment) ARTS N PLAY 3-6 yrs // Tues & Thurs \$2,982 DOWN PAYMENT \$300										
CENTER FOR MUSIC THERA	APY Individual or	r Group Sessi			ve approval from C cement at Center's					
Number of weeks: 36 weeks Private I	Session length	n (minutes): 60	Therapist preference:		Site / Location:	s discretion.				
2	45	60								
Group courses	Session length 45	n (minutes): 60	Therapist preference:		Site / Location:					
1. 2.	_ 45	60				·····				
MONDAY TUES	DAY	WEDNESDAY	THURSDAY	•	FRIDAY	SATURDAY				
		WEDNESDAY	THURSDAY	′	FRIDAY	SATURDAY				
MONDAY TUES NEW Music Therapy clients ON Must complete an intake form. Call (216) 421	LY:									
NEW Music Therapy clients ON Must complete an intake form. Call (216) 421 PAYMENT INFORMATI Registration Fee \$35 for firs If you are a returning student regis	LY: -5806 xt. 246 or downloo ON: t family member, \$	ad and print from the	e TMS website. No payment is d	lue until you have	e been contacted for p	olacement.				
NEW Music Therapy clients ON Must complete an intake form. Call (216) 421: PAYMENT INFORMATI Registration Fee \$35 for first If you are a returning student regist term classes (9 weeks or less).	LY: -5806 xt. 246 or downloo ON: t family member, \$ tering prior to June	ad and print from the SIS for second of 1, 2018, the regis	e TMS website. No payment is defined family member, and \$0 factoristics. No retraction fee is waived. No retraction fee	lue until you have for each add registration fe	e been contacted for p itional member: e is charged for sh	olacement.				
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