



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

• **Financial aid is available!**

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.

Are you a new student? Yes No
 Are you applying for income based financial aid? Yes No
 Did you receive a scholarship? Yes No
 Are you using 3rd party funds? Yes No
 Campus: Ohio City University Circle Off-site

How did you hear about us (please specify)?
 Friend / Family
 Internet / Website
 Magazine / Newspaper
 Event:
 Other:

Student / Client Information:

Name (First)	(Last)	Birthdate:	Gender:
			Female
			Male
			Other
Demographic Information:	Asian/Asian American	Caucasian	Native American
	African American	Hispanic/Latin American	Other

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

Parent / Guardian / Adult Student-Client Information:

Name (First)	(Last)	Relationship to student	Gender:
			Female
			Male
			Other
Demographic Information:	Asian/Asian American	Caucasian	Native American
	African American	Hispanic/Latin American	Other

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Primary Phone: _____ Cell Phone: _____

***Authorized Signature**

*Parent or Guardian must sign for registrants under the age of 19. By signing, I confirm that I agree to and understand all of The Music Settlement's Terms & Conditions, Policies and Procedures.

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 // Prices starting at \$30 per ½ h o u r // Accompaniment \$10.50 per ½ h o u r

Number of weeks: 36 weeks

Instrument:	Lesson length (minutes):	Teacher preference:	Skill Level:
1. _____	30 45 60	_____	Beginning Intermediate Advanced
2. _____	30 45 60	_____	Beginning Intermediate Advanced

Availability (Indicate earliest start time to latest end time each day available):

Monday Tuesday Wednesday Thursday Friday Saturday

CENTERS FOR MUSIC and EARLY CHILDHOOD Class or Ensemble

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:	Course Number:	Day and Time: (Mon-Fri)	Skill Level:
1. _____	_____	_____	Beginning Intermediate Advanced
2. _____	_____	_____	Beginning Intermediate Advanced

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 THERAPY Individual or Group Sessions

New registrants must have approval from Center prior to enrollment; placement at Center's discretion.

Number of weeks: 36 weeks

Private	Session length (minutes):	Therapist preference:	Site / Location:
1. _____	45 60	_____	_____
2. _____	45 60	_____	_____
Group courses	Session length (minutes):	Therapist preference:	Site / Location:
1. _____	45 60	_____	_____
2. _____	45 60	_____	_____

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

NEW Music Therapy clients ONLY:

Must complete an intake form. Call (216) 421-5806 xt. 246 or download and print from the TMS website. No payment is due until you have been contacted for placement.

PAYMENT INFORMATION:

Registration Fee \$35 for first family member, \$15 for second family member, and \$0 for each additional member: \$ _____
 If you are a returning student registering prior to June 1, 2018, the registration fee is waived. No registration fee is charged for short term classes (9 weeks or less).
 Discount applies (10% off least expensive offering): Multiple Registrations, Senior Discount (**One tuition discount per family**): \$ _____
Down payment per year due at registration (\$200 private // \$100 group) \$ _____
 After your initial down payment, you will be billed monthly (see Policies and Procedures). **Remaining Balance** \$ _____

INVEST IN OUR ORGANIZATION I would like to make a gift to the annual fund: \$ _____

Total Payment: \$ _____

PAYMENT METHOD: (Check one) Pay in Full Payment Plan

Make checks payable to: **“The Music Settlement”** Check # _____ Cash: \$ _____

Credit Card # _____

Type: Visa MC Discover AmEx Please automatically charge my monthly payments to my credit card to avoid late fees.

Expiration date: _____ Security Code: _____

Credit Card Authorized Signature _____

Office use only: Day _____ Time: _____ Length _____ Start Date _____ Teacher/ Therapist _____