



2014-15 Registration Form

Student's Name _____

_____	_____	YES / NO
Date of Birth	Grade (as of Sept. 1)	Continuing Student

Continuing families may skip to page 2 provided no information has changed

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____

Email _____

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____

Email _____

How did you hear about City Music Center? _____

OPTIONAL (circle one) Ethnicity: American Indian, Alaska Native, Asian, African
American, Hispanic/Latino, Multi-racial/Native Hawaiian/Pacific Islander, Caucasian,
Other



New students should consult with Executive Director Chris Bromley to design a program and schedule to fit each student's needs. After your consultation, please complete the information below. Returning families who have questions should feel free to contact the executive director as well. A full listing of offerings may be found at cmcpgh.org/tuition2015.aspx. Once your registration has been received and processed, a member of the CMC administration will be in touch with you concerning your total tuition and payment instructions.

Will this student take applied private lessons through CMC? Yes _____ No _____

What instrument will this student play (primary)? _____

Who is their recommended teacher? _____

What is the agreed upon length of applied lessons?

___ 20 minutes (Suzuki only) ___ 30 minutes ___ 45 minutes ___ 60 minutes

Will this student play a secondary instrument? Yes _____ No _____

What instrument will this student play (secondary)? _____

Who is their recommended teacher? _____

What is the agreed upon length of applied lessons?

___ 20 minutes (Suzuki only) ___ 30 minutes ___ 45 minutes ___ 60 minutes



What is the student's desired concentration?

Traditional Studies

Musicianship (Grade 3 and Up)

Class name _____ Time _____

Eurhythmics or Elective

Class name _____ Time _____

Optional Added Electives (Additional Fee)

Class name _____ Time _____

Class name _____ Time _____

Class name _____ Time _____

Suzuki Program

Suzuki Group and Recitals

Musicianship (Grade 3 and Up)

Class name _____ Time _____

Eurhythmics or Elective

Class name _____ Time _____

Optional Added Electives (Additional Fee)

Class name _____ Time _____

Class name _____ Time _____

Class name _____ Time _____



Music Technology

Musicianship

Class name _____ Time _____

Audio

Class name _____ Time _____

Tech

Class name _____ Time _____

Optional Added Electives (Additional Fee)

Class name _____ Time _____

Class name _____ Time _____

Lessons Plus One

Musicianship or Elective

Class name _____ Time _____

Beginning Piano ___ or Violin ___ (Check one)

Eurhythmics

Class name _____ Time _____

A la carte

Class name _____ Time _____

Class name _____ Time _____

Class name _____ Time _____

PAYMENT OPTIONS

Have you applied for Financial Aid? _____

Payment type ___ check ___ e-check ___ online credit (MC or Discover)
Frequency ___ in full ___ semester ___ monthly (Sept-April)

Fees for all registrations after week one (1) will be prorated. Payments may be made in person via check or online by e-Check or Credit Card. Visit www.duq.edu/cmc to access payment site. Students may not begin classes or lessons until registration is complete and payment arrangements have been made.

Private lessons that are cancelled by the teacher will be made up at a time agreed upon by both parties. Teachers are under no obligation to make up lessons cancelled by students, and such cancellations will not result in any type of adjustment of tuition.

Withdrawal from the Traditional Studies, Suzuki Program, Technology Track in years two or three, or individual electives will result in full refund less a prorated amount for weeks attended and a \$50.00 processing fee. Withdrawal from the Technology Track in a student's first year will result in a full refund less a prorated amount for weeks attended, the actual cost of the student's iPad and a \$50.00 processing fee.

PARENT'S/GUARDIAN'S SIGNATURE

PARENT'S/GUARDIAN'S SIGNATURE

**City Music Center of
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Mary Pappert School of Music
Pittsburgh, PA 15282-1800
412.396.5872
cmc@duq.edu
www.duq.edu/cmc

Lisa Hoak
Assistant Director

Natasha Snitkovsky
Artistic Director

Christopher Bromley
Executive Director

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Emergency Medical Care Authorization

I authorize Duquesne University, through its representatives, to secure emergency medical care, hospitalization or surgical treatment or dental treatment for me during my participation in a Duquesne University City Music Center program.

In the event of a medical emergency, Duquesne University, through its representatives, will make every effort to reach the person or persons designated below:

FIRST EMERGENCY CONTACT

Name: _____

Relationship: _____

Address: _____

Telephone (day): _____

Telephone (evening): _____

Cell Phone: _____

E-Mail: _____

SECOND EMERGENCY CONTACT

Name: _____

Relationship: _____

Address: _____

Telephone (day): _____

Telephone (evening): _____

Cell Phone: _____

E-Mail: _____

Certificate of Medical Insurance Coverage

I certify that I/my child is covered by health/medical insurance and that such insurance is current and in effect, and will remain in effect during the entire term of program participation. I understand and accept that Duquesne University is not responsible for any costs relating to medical care of City Music Center participants.

Individual's Signature _____ Date: _____

Parent or Guardian's Signature: _____ Date: _____
(if student is under age 18)

Printed Name of Individual: _____

Insurance Company (if applicable): _____ Policy Number: _____

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD, FRONT AND BACK