



**PRIVATE LESSONS PROGRAM**  
*..more than just private lessons*  
**Registration 2011/2012**

701 E. Churchville Road / Bel Air, MD 21014  
 500-A Warren St. / Havre de Grace, MD 21078

410-399-9900 or 443-243-7265  
 www.MUSICISMAGIC.com

**PROGRAM DESCRIPTION** - Our music instruction goes beyond private lessons to develop the whole musician. The program has two parts: **1) private lesson** and **2) enhancement activities**. The private lesson teacher gives the student direction as to the amount and type of participation expected in the **enhancement activities**. The **enhancement activities** include student recitals (every seven weeks), master classes, community performances, guest artist presentations, musicianship classes, and sister-school exchanges. The importance of these enhancement activities combined with the quality of our private instructors cannot be overstated as this is what makes our students as successful as they are.

**OPEN REGISTRATION and COMMITMENT:** There are **35 weeks** in our full Academic Year: September 12, 2011 to June 4, 2012 (see Handbook calendar for more details). Through our Open Registration, students can start this program at any time during the year (subject to the availability of teachers). Upon registration, students commit to the program through June 3, 2012.

**I. Student Information**

Last Name: \_\_\_\_\_ First Name & MI: \_\_\_\_\_ Nickname: \_\_\_\_\_

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Gender \_\_\_\_\_ Race (required by IRS): \_\_\_\_\_

Male  Female  African American  Asian  Caucasian  Hispanic  Native American  Other

Parent/Guardian Name(s), if student is under 18: \_\_\_\_\_

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Street Address: \_\_\_\_\_

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Email address: \_\_\_\_\_ School Attending: \_\_\_\_\_

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Telephone Numbers Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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Parent/Guardian Work Address: \_\_\_\_\_

**II. Area(s) of Study:**  30 min.  45 min.  60 min.  75 min.  90 min.

- |                                   |                                      |                                     |   |                                 |
|-----------------------------------|--------------------------------------|-------------------------------------|---|---------------------------------|
| <input type="checkbox"/> Bagpipes | <input type="checkbox"/> Clarinet    | <input type="checkbox"/> Guitar     | <input type="checkbox"/> Piano              | <input type="checkbox"/> Viola  |
| <input type="checkbox"/> Banjo    | <input type="checkbox"/> Composition | <input type="checkbox"/> Harp       | <input type="checkbox"/> Saxophone          | <input type="checkbox"/> Violin |
| <input type="checkbox"/> Bassoon  | <input type="checkbox"/> Flute       | <input type="checkbox"/> Oboe       | <input type="checkbox"/> Trombone/Low Brass | <input type="checkbox"/> Voice  |
| <input type="checkbox"/> Cello    | <input type="checkbox"/> French horn | <input type="checkbox"/> Percussion | <input type="checkbox"/> Trumpet            | <input type="checkbox"/> _____  |

Please circle the price box that applies to you in the chart below.

Youth (18 yrs. old and under) Includes Weekly 50 minute Group Class & Performances		Adult Includes enhancements activities	
Private Lesson Time	Weekly Tuition Rate	Weekly Tuition Rate	Private Lesson Time
30 minutes	\$38	\$33	30 minutes
45 minutes	\$54	\$47	45 minutes
60 minutes	\$72	\$64	60 minutes
75 minutes	\$89	\$82	75 minutes
90 minutes	\$105	\$98	90 minutes

**Second Area of Study** – A 10% discount is applied to the regular tuition for a student’s second area of private study.

**IMPORTANT: Lesson day/times should be scheduled directly with your private teacher. If you do not know who your teacher will be, please contact MCM by phone (at top of this form) or by email (info@musicismagic.com).**

**III. Emergency Information:** (All information is confidential.) Please tell us about any medical, physical, or other concerns that may affect the applicant's participation in MCM programs. List any allergies and medications being taken and give the name and phone number of up to three emergency contacts in preferred calling order. Attach additional info. if necessary.

**MEDS:** \_\_\_\_\_

**ALLERGIES** \_\_\_\_\_

**EMERGENCY CONTACTS:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**IV. TUITION PAYMENT PLANS and POLICIES:**

**PLAN A: Payment in full.** Full payment is due at the time of registration. A 2% discount applies for Plan A registrations received through February 15, 2012.

**PLAN B: Payment Plan.** A 25% deposit is due at registration. The balance will be paid in equal installments over the the course of all remaining Installment Dates after the registration is processed. The Installment dates are the first business day in Oct., Dec., Feb., April with credit card or post dated check(s) .

This Registration will NOT be processed until the payment as described above is received by MCM Office.

Note: A \$35 fee will be charged for all late payments and for checks or credit cards that need to be re-processed.

**FINANCIAL ASSISTANCE:** Please inquire at the MCM Office for need-based financial aid forms.

**MISSED LESSON:** If a student misses a lesson for a recognized religious or civic holiday, and they have given at least two weeks notice in writing to the teacher, this lesson will be made up. Other make-ups are normally not made up, but it is the teacher's discretion. **Please consult the Student Handbook for more information on missed lessons and make-ups.**

**DECLARATION:** I agree with the contents and policies of this registration form and the 2011-2012 Student Handbook. (Handbooks are at the MCM Office and on our website: www.musicismagic.com). I turn this registration form with the due payment into either: 1) MCM Office (slipped under office door or mailed to Bel Air location) or 2) given to your private teacher at the very first lesson. Any variation to this will result in an administration and late payment fee of \$35.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 (parent/guardian if student is under 18) (parent/guardian if student is under 18)

FOR OFFICE USE ONLY								
Instrumt. or voice	Program	Weekly Rate	No. Weeks	Total Tuition	Discount (Plan A)	25% Dep. (Plan B)	Balance (Plan B)	Received
<b>Total</b>								

**Plan B = Tuition Balance** \_\_\_\_\_ / Remaining Installments = Installment Payment Amount \_\_\_\_\_

Payment Months = Oct Dec Feb Apr

Check Received Today  (attach copy) Post Dated Check(s) Received

Credit Card (circle one): Visa Mastercard

Cardholder Name \_\_\_\_\_ Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_ Billing Zip \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date of First Lesson: \_\_\_\_\_

2011-12 MCM Instructor/day/time: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_