CMESC
The Center for Musical Excellence
at Salem College

601 S. Church Street Winston-Salem, NC 27101 336-721-2636

Registration Tip:
There are **18** lessons in a full semester.
To have one lesson per week, sign up for **18** lessons!

Private Lessons Registration Form
Spring 2013

Student #1: _____ **Birthdate:** _____
Instrument: _____ **Instructor:** _____

Tuition:	Number of Lessons	x	30 min. ($26)	45 min. ($36)	60 min. ($46)	=	Tuition Cost
	_____		_____	_____	_____		$

Student #2: _____ **Birthdate:** _____
Instrument: _____ **Instructor:** _____

Tuition:	Number of Lessons	x	30 min. ($26)	45 min. ($36)	60 min. ($46)	=	Tuition Cost
	_____		_____	_____	_____		$

Registration Fee:
*This fee must be paid **each time** a student registers for lessons.*
Students must register for 4 or more lessons.
+ **$ 5.00**

Total: = $

Make check payable to CMESC. Include check with registration form.

Parent/Guardian: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Other Phone: _____

Email: _____

Billing Contact & Phone: _____
(Complete only if different from Parent/Guardian Contact Information provided above.)

Emergency Contact & Phone: _____

Form continued on back…

The Center for Musical Excellence
Parent / Guardian Consent Statement

I, _____ (guardian name),
hereby grant permission for _____ (student name(s))
to take music lessons at the Center for Musical Excellence at Salem College. I hereby release and hold harmless SALEM ACADEMY AND COLLEGE and its directors, faculty, students, staff, and employees from any claims, demands, costs, expenses, or liability incurred as a result of injury or mishap sustained in association with participation in the Center for Musical Excellence at Salem College. Additionally, I release and hold harmless SALEM from any liability should I, the student(s), or other associated third parties sustain any personal injury caused by the ordinary negligence of SALEM and its directors, faculty, students, staff, and employees. I authorize a representative of Salem Academy and College to seek and have medical aid or treatment administered to the student(s) listed above should the need arise. I also agree that any pictures taken of my child(ren) while participating in lessons at the Center for Musical Excellence at Salem College may be used in any publication (both print and electronic) for Salem Academy and College.

Parent / Guardian Signature: _____

Print Parent / Guardian Name: _____

Date: _____

Questions? Call the Center for Musical Excellence at Salem College Office at 721-2636.

Sign and return with payment to:
The Center for Musical Excellence at Salem College (CMESC)
601 South Church Street
Winston-Salem, NC 27101