



770 N. Halsted Street, Suite 300
Chicago, IL 60622
P 312.226.2030
F 312.577.0821

New Student Returning Student

Student's Name _____ Age (if under 21) _____
Street Address _____ Apartment # _____
City _____ State/Zip _____
Phone Number (h) _____ (w) _____
Parent's Name _____
Parent's Email _____

REGISTRATION INFORMATION

Teacher _____
Course Name _____
Day / Time _____
Instrument _____
Tuition Fee _____
Payment _____

Lesson / Class:

- Private 1/2 hour
- Private 3/4 hour
- Private 1 hour

Please make checks payable to Chicago Center School of Music.

Cash Check Credit Card Card Type _____

Credit Card Number _____ Exp. Date _____

Signature _____ Date _____

Please note: Your tuition reserves your day and time for the duration of the quarter. The rescheduling of a lesson or class time is not guaranteed and will depend on the availability of the class or teacher. Seventy-Two (72) hour notice of your absence is required. One week at the end of each quarter is reserved for makeup lessons.