

2009-2010

Annual Registration

Required of new and continuing students

(Please complete both sides)

College-Conservatory of Music
preparatory department

Date _____

Your Information

Student Name _____ Date of Birth _____

School/Grade _____ Age (as of Sept. 30, 2009) _____

Address _____ Male Female

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail (Parent) _____ (Student) _____

Alternate Contact _____ Relationship _____ Phone _____

Continuing Prep Student New Prep Student

How did you hear about CCM Prep?

Advertising Friends School Internet Other (specify) _____

Students (18 years and younger) UC employee/student

Guardian #1's Name _____ *Guardian #1's Occupation _____

*Name of Company _____ Work Phone _____ Cell Phone _____

Guardian #2's Name _____ *Guardian #2's Occupation _____

*Name of Company _____ Work Phone _____ Cell Phone _____

Name of person responsible for payment _____

Adult Students (over 18) UC employee/student

*Occupation _____ *Name of Company _____

Work Phone _____ Cell Phone _____ E-mail _____

Questions about private lessons? Please call the Music Registrar at 513-556-2637.

Mail or fax form to:

CCM Prep. Dept
PO Box 210236
Cincinnati, OH 45221-0236
phone 513-556-2595
fax 513-556-9988

(over)

***Optional**

Fall 2009 Spring 2010 Summer 2010

Group Classes (include age level)

Class Title _____ Time _____ Cost _____
Class Title _____ Time _____ Cost _____
Class Title _____ Time _____ Cost _____
Class Title _____ Time _____ Cost _____

Private Lessons

1. Length of Lesson 30 45 60 min trial No. of lessons _____

Instrument _____ Teacher _____

2. Length of Lesson 30 45 60 min trial No. of lessons _____

Instrument _____ Teacher _____

(CCM Prep policy allows only one make-up lesson per semester)

Total Tuition \$ _____ Check enclosed made payable to UC (Check# _____)
or

Tuition Cap \$ _____ Payment by Credit Card (Call the office)

Discount UC \$ _____ Signature _____ Date _____

Discount Family \$ _____ Approved Amount \$ _____

Other \$ _____

Annual Registration Fee \$ 25.00

Faculty Surcharge \$ _____ Two-Payment Option (\$15 fee)

Total \$ _____ NOTE: One discount per student. (See page 16).

NOTE: Late payments forfeit discounts. (See page 16).

— WAIVER MUST BE SIGNED —

Waiver: _____ has my permission to participate in classes and/or lessons through the Preparatory Department at the College-Conservatory of Music, University of Cincinnati. I understand there are risks and that I/my child participate(s) in this program at my/his/her own risk and that the University or Cincinnati will not be responsible for medical expenses incurred as a result of my/my child's participation in this class.

I understand and accept the policies of the Preparatory Department as stated in this booklet and accept responsibility for charges and fees incurred. I will allow the Preparatory Department to use photographs, video and recordings made at CCM or at Preparatory functions, involving the student hereby enrolled.

Signature _____ Date _____

(Office use only) _____ Date Processed _____