



LEXINGTON COMMUNITY EDUCATION
251 Waltham Street, Lexington, MA 02421
Office 781 862 8043 Fax 781 861 2440

Winter/Spring 2010 Music Instrument Lessons

REGISTRATION

Please complete (in ink) and return this form. If you are a RETURNING STUDENT, please contact your teacher directly to set up a start time for lessons. If you are a NEW student, this form will help us begin the process of matching you or your child with a teacher, location, and schedule. Upon receipt, teachers will contact parents to arrange a lesson time. Please include your payment in full with this application. Payment will not be processed until LCE is notified that a lesson schedule has been arranged between you and your teacher.

Student Name: _____

Parent/Guardian Name: _____

Address: _____

Town: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: (please print) _____ Best way to contact: _____

Instrument: _____ Teacher: _____

Preferred Day of Week: _____ Preferred Lesson Time: _____

LCE USE ONLY Rcvd _____ Into FMP _____ Teach Conf _____ Check # _____
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Length of semester depends on day of the week of the lessons as noted below. Each student is permitted only one personal excused absence per semester and is urged to give the teacher 24 hours notice when possible. The only other approved reason for a missed or cancelled lesson is school cancellation, teacher absence, or conflict with a required school music department event. Late fees are charged for delinquent payments at the rate of \$50 per child per month. *I acknowledge my responsibility for the prompt pre-payment of all tuition charges.*

Signature of Parent/Guardian: _____ Date: _____

Mark Preferred Session	Length of Session	Cost of ONE Lesson	# Sessions	Total Tuition
	30 minutes	\$27.00		
	45 minutes	\$40.50		
	60 minutes	\$54.00		

Mondays – 17 lessons, Tuesdays – 18 lessons, Wednesdays – 17 lessons, Thursdays – 18 lessons, Fridays – 17 lessons

Annual registration fee \$ _____
(per school year, Sept 2009 through June 2010): First child is \$30 and additional family members are \$20 each.

Total payment enclosed: \$ _____

Please make your check out to LEXINGTON COMMUNITY EDUCATION for full amount.
OR, provide your credit card information below. Thank you.

Please charge the following credit card:

VISA MASTERCARD Amount to Charge: \$ _____

Account Number

V Code

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Signature: _____ Expiration Date _____ / _____
V code is the last 3 digits of the number above your signature on the back of the card. Month Year

Music Lessons – Calendar Winter/Spring 2010

Monday	Tuesday	Wednesday	Thursday	Friday
January 25	26	27	28	29
February 1	2	3	4	5
8	9	10	11	12
22	23	24	25	26
March 1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31	April 1	
5	6	7	8	9
12	13	14	15	16
26	27	28	29	30
May 3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
	June 1	2	3	4
7	8	9	10	11
14 (makeup)	15 (makeup)	16 (makeup)	17 (makeup)	18 (makeup)
17 lessons, 1 make up	18 lessons, 1 make up	18 lessons, 1 make up	18 lessons, 1 make up	17 lessons, 1 make up