



## CMS-D Class Registration Packet

New Family     Returning Family     Fall 2019     Spring 2020

### Youth Student(s)

MINOR STUDENT Name(s): \_\_\_\_\_  
Last First

MINOR STUDENT Name(s): \_\_\_\_\_  
Last First

### Parent/Guardian(s)

PARENT/GUARDIAN Name(s): \_\_\_\_\_  
Last First

PARENT/GUARDIAN Name(s): \_\_\_\_\_  
Last First

### Adult Student(s)

ADULT STUDENT Name(s): \_\_\_\_\_  
Last First

ADULT STUDENT Name(s): \_\_\_\_\_  
Last First

### Contact Information

ADDRESS: \_\_\_\_\_  
Street / Apt # City

\_\_\_\_\_ / \_\_\_\_\_  
State Zip Phone: Cell Home

Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Preferred method of contact?  Email  Phone Call  Text

How did you hear about CMS-D? \_\_\_\_\_

Which school(s) does your student(s) attend? \_\_\_\_\_

Do you need to borrow an instrument from CMS-D?  YES  NO      Instrument: \_\_\_\_\_

Student Name	Gender	Birthdate	Instrument	Class Name/Teacher	Semester: (Fall or Spring)	Day & Time	Class Fee

**TUITION AND PAYMENTS:** *(for office use only)*

	FALL SEMESTER ONLY	SPRING SEMESTER ONLY	FALL & SPRING SEMESTERS
<b>TOTAL TUITION DUE:</b>			
<b>REGISTRATION DEPOSIT/PAYMENT AMOUNT:</b>			
<b>TUITION AMOUNT DUE:</b>			
<b>METHOD (CASH, CHECK, CC):</b>			
<b>DATE OF PAYMENT:</b>			

**PAYMENT TERMS:** *(please indicate one of the following payment options)*

Lump Sum (full year):       Lump Sum (by semester):       Monthly Payments (1<sup>st</sup> day of each month):

**Financial Assistance Terms and Agreement**

Applying for financial assistance?: Yes  No       \$20 registration deposit has been paid?: Yes  No

I (parent/guardian/adult student), \_\_\_\_\_ recognize that while attending this program, the acceptance of financial assistance from CMS-Detroit carries with it an obligation on the part of the student to attend groups or sessions on a regular basis and work diligently on making progress in his/her principal area of study. CMS-Detroit reserves the right to revoke the aid award to students whose attendance or behavior is deemed unsatisfactory. I have completed the financial assistance application and have read and understand the terms of the agreement.

*\*Award of financial aid for 2019 and/or 2020 does not guarantee assistance in future semesters*

\_\_\_\_\_  
Signature (Adult Signature)

\_\_\_\_\_  
Date

**Approval of Student Policies and Procedures:**

**Student Handbook Information:**

My signature below indicates that I have reviewed the MSU Community Music School-Detroit Student Handbook. I understand the policies and procedures of the Michigan State University Community Music School-Detroit and I agree to their terms. I understand that if the required signature below is not received, the student may not attend until a signature is returned, and there will be no refunds for lessons, classes, or ensemble rehearsals missed due to non-receipt of the required signature. The CMS-D Student Handbook is available online at [www.cms.msu.edu/detroit/register](http://www.cms.msu.edu/detroit/register). Copies are available in the CMS-D administrative office.

\_\_\_\_\_  
Signature (Adult Signature)

\_\_\_\_\_  
Date

## Confidential Medical Treatment Information/Authorization

**Yes**      **No**  
       Does the student have any chronic health problems or illnesses? \_\_\_\_\_  
\_\_\_\_\_

      List any medications he/she is taking for treatment of mentioned medical problems. \_\_\_\_\_  
\_\_\_\_\_

Are there any other special needs or concerns CMS should know about the student? \_\_\_\_\_  
\_\_\_\_\_

### **Official Medical Treatment Authorization:**

I (parent/guardian/adult student), \_\_\_\_\_ recognize that while attending this program, medical treatment on an emergency basis may be necessary for my child or myself, and I further recognize that MSU Community Music School Detroit staff may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the circumstances and to assume the expenses of such care. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

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Signature (Adult Signature)

Date

### **Emergency Contacts in Preferred Calling Order:**

*(emergency contacts should live outside of the student household)*

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

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

## Media Release/Approval of Student Policies & Procedures

### **Media Information:**

CMS Detroit uses photography and video to document lessons, classes and events. These photos may be used in brochures, advertising or public relations activities. Photographs featuring registered students are considered eligible for publication or public use unless a student (or parent/guardian of a student under age 18) submits a Request for Non-Use form, available through the Registrar.

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Signature (Adult Signature)

Date

For questions or concerns, please contact:

Michigan State University Community Music School-Detroit  
3408 Woodward Ave.  
Detroit, MI 48201

Phone: (313) 578-9716  
Fax: (313) 578-9701  
Email: cmsd@msu.edu  
www.cms.msu.edu/detroit

**Michigan State University Youth Programs  
Pick-up, Drop-off, and Commuter Permission Form**

This form must be completed prior to the start of the MSU youth program by the parent/guardian listed as the youth participant's emergency contact for the following instances:

- The participant's parents/guardians wish for the participant to be excused from the program prior to its scheduled conclusion
- The participant's parents/guardians have arranged for the participant to be temporarily checked out of the program for another event (scheduled family gathering, medical appointment, dining off-site with a family member, etc.)
- The participant's parents/guardians have arranged for a specified adult other than the participants parents/guardians to take responsibility for the participant during the youth program's drop-off process
- The participant's parents/guardians have arranged for a specified adult other than the participants parents/guardians to take responsibility for the participant during the youth program's pick-up process
- The participant's parents/guardians authorize the participant to commute independently to and from the specified youth program

Participant's Name: \_\_\_\_\_ Program Name: \_\_\_\_\_

Permission for Early/Alternative Release

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, grant permission to the Michigan State University Youth Program faculty/ staff/ volunteers to release responsibility for my youth participant to the following individuals only, during the specified dates and times of the MSU Youth Program.

First Name	Last Name	Relationship to Participant	Phone Number	Date/Time of Release	Date/Time of Return

Permission for Youth Participant to Commute Independently

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, permit the youth program participant to commute independently to and from the specified youth program.

Authorization Signature

By signing below, I acknowledge that MSU will not be responsible for the participant after the participant is excused in the one of the above ways. I also understand that the participant will not be released to any persons other than those listed above.

Parent/Guardian Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Parent/Guardian Work Phone: \_\_\_\_\_

Parent/Guardian Cell Phone: \_\_\_\_\_

Parent/Guardian E-mail: \_\_\_\_\_