



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

**Fall 2008 Music Instrument Lessons**

**REGISTRATION**

*Please complete 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 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 the teacher.*

Student Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: (please print) \_\_\_\_\_

Instrument: \_\_\_\_\_ Teacher: \_\_\_\_\_

Preferred Day of Week: \_\_\_\_\_ Preferred Lesson Time: \_\_\_\_\_

<b>LCE USE ONLY</b>	
Rcvd _____	_____
Into FMP _____	_____
Teach Conf _____	_____
Check # _____	_____

Each semester consists of 16 lessons. 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 class is school cancellation, teacher absence, or conflict with a required school music department event. 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	\$24.50	16	\$392.00
	45 minutes	\$36.75	16	\$588.00
	60 minutes	\$49.00	16	\$784.00

Annual registration Fee (pre school year, Sept 08 through June 09):

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, give us your credit card information below. Thank you.

Please charge the following credit card:

VISA  MASTERCARD  Amount to Charge: \$ \_\_\_\_\_

Account Number

V Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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 Fall 2008

(16 lessons, one make up)

Monday	Tuesday	Wednesday	Thursday	Friday
September			4	
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29*		October 1	2**	3
6	7	8*		10
	14	15	16	17
20	21	22	23	24
27	28	29	30	31
November 3	4	5	6	7
10		12	13	14
17	18	19	20	21
24	25			
December 1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23			
			January	
5	6	7	8	9
12 (makeup)	13	14	15	16
	20 (make up)	21 (make up)	22 (make up)	23 (make up)

\* Indicates Jewish holiday begins at sun down, no evening lessons

\*\* Indicates Back to School night, no evening lessons