LEXINGTON COMMUNITY EDUCATION
146 Maple Street, Lexington, MA 02420
Office 781 862 8043   Fax 781 863 5829

Music Instrument And Voice Lessons
FALL/WINTER 2016-2017 REGISTRATION

Registration is REQUIRED of new and returning students. Please complete (in ink) and return this form to begin the process of matching you or your child with a teacher, location and schedule. Upon receipt, teachers will contact parents in the order in which registrations are received 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. If you are a RETURNING STUDENT, please contact your teacher directly to set up a start time for lessons.

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: ________________

The following instruments are available for individual study: Baritone Horn (Euphonium), Bass, Bassoon, Cello, Clarinet, Electric and Acoustic Guitar, Flute, French Horn, Guitar, Oboe, Percussion (Drums), Piano, Saxophone, Sitar, Trombone, Trumpet, Tuba, Upright Bass, Viola and Violin. Voice lessons are also available.

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 event.

I acknowledge my responsibility for the prompt pre-payment of all tuition charges, and I understand the attendance policy.

Signature of Parent/Guardian: ____________________________ Date: __________

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<thead>
<tr>
<th>Mark Preferred Session and Day</th>
<th>Length of Session</th>
<th>Cost of ONE Lesson</th>
<th># Sessions</th>
<th>Total Tuition</th>
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<td></td>
<td>30 minutes</td>
<td>$30.00</td>
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<td>45 minutes</td>
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<td>60 minutes</td>
<td>$58.00</td>
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Annual registration fee
(per school year, September through June): 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

Signature: ____________________________ Expiration Date _______ / _______

V code is the last 3 digits of the number above your signature on the back of the card.