



**CMS-Detroit Registration Form for Returning Students – Fall 2017 through Spring 2018**

Student Name(s): \_\_\_\_\_

Has your address, email or phone number recently changed?  Yes  No

**If the below information has recently changed, please fill in the correct information below:**

Address: \_\_\_\_\_  
Street City State Zip Code

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of parent/guardian (for minors): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Relationship Phone #

Please check:  Fall Semester  Spring Semester  Summer Semester

- Date of first lesson, class or ensemble: \_\_\_\_\_

**Enrollment Request:**

ADD Class(es): \_\_\_\_\_  
*Print class name, day, time and price*  
\_\_\_\_\_  
*Print class name, day, time and price*

**TO BE COMPLETED BY CMS-DETROIT STAFF**

**PAYMENTS:**

AMOUNT:						
DATE:						
METHOD:*						

\*(Method = cash, check, money order, or credit card)

\_\_\_\_\_  
Student or Parent/Guardian Signature

\_\_\_\_\_  
Date