Registration
The CMS-Detroit academic year consists of two 15-week semesters (fall and spring) and a summer session. Fall semester begins September 13, 2011 and ends January 14, 2012. Spring semester begins January 24, 2012 and ends May 12, 2012. Please check the exact start and end dates for the program(s) in which you are participating as they differ from program to program.

Attendance
Regular attendance is expected. Full tuition is due for all scheduled lessons/classes/sessions, even those missed by the student. Lessons/classes/sessions missed due to faculty absence or school closings caused by weather will be rescheduled at a mutually convenient time. Faculty are not obligated to make up lessons/classes/sessions missed by students. Refunds will not be granted for student absences.

Tuition Payment Options
Three payment options are available to choose from:

Option I    (1 payment):  All tuition is paid at the time of registration.
Option II   (2 payments):  Tuition is paid at the beginning of each semester.
Option III  (Monthly Payments – fall and spring semesters):  The first payment is due at the time of registration. Remaining payments by check, cash, or credit card are due by the first of each month September – May.

Spring registrants only: pay one-fourth tuition at registration with remaining payments due on the first of March, April, and May.

Statements are mailed on the 15th of the month and payments are due on the 1st of the month.

Registration Fee:
All registrations include a non-refundable registration fee of $20 per student.

Withdrawal
A notice of withdrawal by phone or in writing must be submitted to the CMS-Detroit Registrar for a student to be withdrawn. Notifying the teacher is not sufficient. Students may not withdraw from classes or ensembles for credit or refund once the semester begins.

Tuition Assistance
CMS-Detroit awards limited financial aid to students based on need. Aid funding is limited each semester and awarded in order of application. Applications received after the due date will be considered as long as financial aid funds are available. Documentation of household income on an IRS tax form 1040 from the previous year must be submitted with the application form.
Fall Financial Aid application deadline: September 10, 2011
Spring Financial Aid application deadline: January 21, 2012
Summer Financial Aid application deadline: May 11, 2012

Withdrawal from any program during the semester for any reason except for special circumstances approved by the Community Music School Director will result in revocation of the financial aid award. Approved withdrawals will result in prorated aid according to the number of lessons/classes/rehearsals received at the date of withdrawal. In some cases, an additional payment may be required. Early withdrawal without the approval of the Director will result in revocation of the financial aid and full payment will be required. Refunds for classes or ensembles are not possible after the first class/ensemble meeting.

Office Hours
The CMS-Detroit office hours are Tuesday and Wednesday 10:00 a.m. - 6:30 p.m., and Saturday 9:00 a.m.-12:00 p.m. Office hours during the summer are Tuesday and Wednesday 10:00 a.m. – 4:30 p.m. If you need assistance outside of these hours, please call the East Lansing office at (517) 355-7661, Monday - Friday 8:00 a.m. - 5:00 p.m.

School Closings
In the event of inclement winter weather, classes will be rescheduled when possible or account credits will be arranged. When CMS-Detroit is closed, announcements will be posted on our website and outgoing phone message as well as on school closing lists with local radio and television stations. Please remember that CMS-Detroit closes independently of area schools, including Detroit Public Schools. If you have any question about whether or not CMS-Detroit is closed, you should check the website (www.cms.msu.edu) or call the office.

Media Release
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) declines to authorize this use when registering for classes.

H1N1 Policy
Students/teachers should stay home if they have symptoms of possibly severe illnesses that they might be able to spread to others. Students with influenza-like-illness, which is a fever of 100° Fahrenheit or higher plus a sore throat and/or cough need to stay home until they have been fever-free (temperature below 100° Fahrenheit without using fever medicines) for at least 24 hours.

Approval of Policies and Procedures
All students and their responsible parties must verify in writing that they understand and accept the policies and procedures of the MSU Community Music School-Detroit before their first lesson, class, or ensemble rehearsal.

Students registering in person will receive a copy of the policies and procedures and will be required to sign an approval form at that time.

Students registering over the phone and online will receive a copy of the policies and procedures and an approval form in the mail. The approval form must be signed, dated, and returned to the registrar within two weeks of the first lesson, class, or ensemble rehearsal. If the signed approval form is not received within two weeks of the first lesson, class, or ensemble rehearsal, the student may not attend until the form is returned, and there will be no refunds for lessons, classes, or ensemble rehearsals missed due to non-receipt of the approval form.
DATE: ____________________

- New Family
- Returning Family
- Fall
- Spring
- Mini Semester
- Summer

Parent/Guardian/Adult Student Name(s):

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Address:

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Phone: __________________
Email: __________________

Day __________________
Evening __________________

Place of Employment: __________________
Work Phone: __________________

Place of Employment: __________________
Work Phone: __________________

How did you hear about CMS?

__________________________________________________________________________

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<tr>
<th>Student Name &amp; Birth Date</th>
<th>Course/Teacher</th>
<th>Semester</th>
<th>Day/Time</th>
<th>Class Length</th>
<th>Price</th>
<th>Number of weeks</th>
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Tuition Total $_____
Minus Registration fee $_____
Minus Financial Aid amount (if applicable) $_____
Total Due $_____

Payment Terms:  _____ Lump Sum (full year)  _____ Lump Sum (by semester)  _____ Monthly
Payment Method:  _____ Cash  _____ Credit Card  _____ Check - #________

Financial Aid Award __________________________________________

PAYMENTS:

| AMOUNT: | | |
|---------| | |
| DATE: | | |
| METHOD:* | | |

*(Method = cash, check, money order, or credit card)
Confidential Medical Treatment Information/Authorization

Yes □ No □ Does the student have any chronic health problems or illnesses? ____________________________________________

□ □ List any medications he or she is now taking for treatment of any medical problem. ______________________________

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

____________________________________________________________________________________

Emergency Contacts in Preferred Calling Order:

Name: ___________________________ Phone: ___________________________ Relationship: ___________________________

Name: ___________________________ Phone: ___________________________ Relationship: ___________________________

Name: ___________________________ Phone: ___________________________ Relationship: ___________________________

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.

Signature (Parent/Guardian/Adult Student) ___________________________ Date ___________________________

Consent to Participate at CMS (for students under 18 years of age):

I am the parent or legal guardian of ___________________________ and I consent and authorize permission that he/she is permitted to engage in lessons, classes, performances, and other related activities at the MSU Community Music School Detroit. I understand that I am fully responsible for my student at all times while on the CMS premises.

Signature (Parent or Guardian) ___________________________ Date ___________________________

Media Information:

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Signature (Parent/Guardian/Adult Student) ___________________________ Date ___________________________

Approval of Student Policies and Procedures:

My signature below indicates that I have received and understand the student 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.

Signature (Parent/Guardian/Adult Student) ___________________________ Date ___________________________

Michigan State University Community Music School Detroit
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Detroit, MI 48201
Phone: (313) 578-9716
Fax: (313) 578-9701
www.cms.msu.edu/detroit