



COMMUNITY SCHOOL OF MUSIC – Spring 2019

Serving the Central Arkansas area since 1990!

LESSONS -- for Children, Teens, and Adults

- **Private instruction** is available for students of all ages and ability levels in piano, voice, mandolin, fiddle, guitar, and most band and orchestral instruments. Tuition costs depend upon the level or type of instruction you or your family member prefer. Students receive a weekly lesson (30, 45 or 60 minutes) and may perform on recital at the end of the semester, or year, with the approval of the instructor. Tuition costs are listed below by level of instructor.
- **Voices of Central Arkansas (VOCA)** –Visit www.vocasings.com for current information on the auditions and to check when the fall season will start.. VOCA meets Monday evenings at 6:00 pm. *J. Kim SFA 312 A; C. Kuebel SFA 307A.*
- **Alexander Technique:** For performers and non-performers alike – students develop skills to aid in the prevention or reduction of injuries, lessen bouts of tension headaches, overcome repetitive strain, promote endurance and help access new reserves of power and expression. Both private and group classes available. *Cliff Hicks SFA 316*
- **Little Mozart Pre-Piano Class:** This 6-week class is for the child in grades K-2. A fun introduction to the keyboard and an excellent way to determine readiness for piano lessons. Days and times TBD by instructor, *Terrie Shires SFA 134A*

LESSONS BEGIN January 14th

Register in person, mail, email, or online!

Office Hours: 9:00-12:00 & 1:00-5:00 M-F

Email: rmcdaniel3@uca.edu or ucacsm@uca.edu

UCA Snow Fine Arts Room 203

Phone: (501) 450-3672 (501) 450-5755

For our online form and more information, go to www.uca.edu/csm

FEES PER SEMESTER:

INSTRUCTOR LEVELS

Fees are based on 13wks of lessons

Private Lessons :	Undergraduate	Graduate	Fulltime Faculty
30 minutes weekly	\$195	\$241	\$365
45 minutes weekly	265	344	525
1 hour weekly	318	420	685

The Alexander Technique: You may email cliffordhicks@me.com to set up a Free Trial lesson.

Single lesson \$ 75

Group Lessons: Sundays, 1st class TBA

\$ 75 (4 group lessons).

Lessons **

\$ 285 (5 lessons)

\$570(10 lessons)

\$745 (13 lessons)

**Student, Faculty and Staff of UCA, CBC, and Hendrix will receive a discount

VOCA: Choristers/Concert Choir, 6-7:30 pm Monday

Visit www.vocasings.com for more information

Youth Choir: 7:00-8:30 Monday

SPRING CALENDAR

ADVANCE REGISTRATION:Open Enrollment

FIRST DAY OF CLASSES Jan.14

MLK Jr, Day NO CLASSES**(Makeup Apr. 15).... Jan. 21

SPRING BREAK March 17-24

LAST WEEK OF LESSONSApril 8-12

MAKEUPS:...April 15- 19

ONLINE

uca.edu/csm

PARKING PERMIT PROCEDURES

A parking permit is required each semester and allows you to park in any designated Visitor, Staff, Student, or UCA parking area. Take your CSM receipt to the UCA police station to receive your free permit. The police department is open 24 hours a day, 7 days a week and is located one block directly west of SFAC.

Mail this form with your fee payment to: UCA Community School of Music, SFAC 203, 201 Donaghey Ave., Conway, AR 72035.
Please make your check payable to "UCA CSM". PLEASE PRINT CLEARLY.

FULL LEGAL NAME OF STUDENT _____ DATE OF BIRTH _____
STUDENT'S UCA or CSM I.D.#: _____ TODAY'S DATE _____
PARENT(S) NAME _____ ADDRESS _____
CITY _____ ZIP _____ PHONE (s): _____
E-MAIL of student and/or parent _____

PLEASE ENROLL THE ABOVE STUDENT IN THE FOLLOWING CLASS(ES), OR INSTRUMENT; DESIGNATE LENGTH OF LESSON. GIVE PREFERRED DAY & TIME. (LIST ON LINE BELOW)

_____ is enclosed for tuition. I request the following instructor(s): _____
_____ Years of previous study

For office use only: Receipt# _____ Photocopied _____ Spreadsheet _____ A/R _____ Initials _____

----- Cut here if credit/debit form not needed -----

***MULTIPLE PAYMENT/ CREDIT/DEBIT CARD or ELECTRONIC CHECK PAYMENT FORM**
Payment is Debited on the 15th of each month until paid.

Student's Name _____ Parent's name: _____

Person responsible for payment _____ Soc. Sec. # of responsible party: _____ - _____ - _____
(May be student if 18 or over.) (if student under age 18)

Cell or Home Phone: _____ E-mail: _____

TOTAL AMOUNT PAID: \$ _____ Paying with Check Monthly _____

TYPE OF CARD: VISA _____ MC _____ DISCOVER _____ AE _____ CARD EXPIRATION DATE _____

CARD/DEBIT CARD # _____ 3 DIGIT SECURITY CODE _____

ELECTRONIC CHECK: ROUTING # _____ ACCT.# _____

NAME ON CARD OR ACCT. _____

SIGNATURE _____

*** A new Multiple payment form with credit card info is required each fall semester.**

UNIVERSITY OF CENTRAL ARKANSAS- Community School of Music Media Release

Child's Name: _____

This Media Release is given on the date set forth below to the University of Central Arkansas ("UCA"). For purposes of this Agreement, the term "UCA" shall refer to and mean the University of Central Arkansas, the President of UCA, any past, present and future members of the UCA Board of Trustees, any employee, representative or agent of UCA, and any entity associated with, or controlled by, UCA. I hereby grant permission to UCA the right to reproduce, use, exhibit, display, broadcast, distribute, and create derivative works of photographs or videos containing the image or likeness of my child named above. I understand these images may be used for promotional, news, research, and educational purposes. For myself, my child and other children, and all of my heirs, personal representatives, successors and assigns, or any other persons claiming by or through me, I do hereby forever waive, release and relinquish any and all claims, demands, causes of action, liabilities, costs or expenses (including, but not limited to, attorneys' fees) (all of the foregoing being referred to collectively as "Claims"), against UCA which are associated with, or arise out of or in any manner are related to, anything contained in the photographs or videos. The waiver and release set forth herein waives and releases any and all Claims under any federal or state law, as well as any common law cause of action, whether in contract, tort or any other legal theory. A photocopy of this document shall be deemed to be an original. Before I signed this document, I was given the opportunity to read it. I have signed this document freely and voluntarily on the date set forth below. I certify that I am at least 18 years of age and the lawful parent or guardian of the child named above.

Date: _____ Signature: _____

Printed Name: _____ Witness: _____

UCA Community School of Music sole purpose of photos /media is for the use of them in advertising, promoting, and educational use regarding the CSM and the lessons provided by the CSM.