



4710 Park Ave, Weehawken, NJ 07086

UCMP Academy Payment Form

Contact Information:

- **Parent/Guardian Name:** _____
 - **Student Name(s):** _____
 - **Email Address:** _____
 - **Phone Number:** _____
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Lesson Selection

Lesson Type:

- Individual Lesson
 - 30 minutes (\$40)
 - 45 minutes (\$60)
 - 60 minutes (\$80)
 - **Preferred Day(s):**
 - Monday
 - Tuesday
 - Wednesday
 - Thursday
 - Friday
 - Saturday
 - **Preferred Time Slot:** _____
- Small Group Lesson (2-5 kids)
 - One hour (\$45 per student)
 - **Preferred Day(s):**
 - Monday
 - Tuesday
 - Wednesday

- Thursday
 - Friday
 - Saturday
 - Preferred Time Slot: _____
-

Payment Calculation

Registration Fee: \$30 (Nonrefundable)

- Registration Fee: \$30
 - Selected Lesson Fee(s): \$_____
 - **Total Amount Due:** \$_____
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Payment Method

- Cash
 - Check (Payable to United Children's Music Project)
 - Credit/Debit Card
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Acknowledgment

I acknowledge that all lessons must be paid in advance, and the \$30 registration fee is nonrefundable.

Parent/Guardian Signature: _____

Date: _____