



# 2010-2011 REGISTRATION FORM

For Office Use Only:  QB Date \_\_\_\_\_  OL Date \_\_\_\_\_

Please check one:  New Student – complete form in its entirety  
 Continuing Student - only complete name, program, and payment section

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade \_\_\_\_\_ Current School \_\_\_\_\_

Most Frequently checked Email address: \_\_\_\_\_ *E-mail address is confidential and is the main form of communication for all NCMA programs.*

How did you hear about NCMA?  Returning Student  Flyer  Teacher  Friend  Website  Other \_\_\_\_\_

Polo/t-shirt size: CS CM CL AS AM AL AXL **NCYC returning members:**  I need a new polo (circle size)

*(Please complete for student under 18 or if parent will be responsible for tuition payments)*

**Father's Information**  
 Name \_\_\_\_\_  
 Spouse (if different than mother) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Phone Numbers: Home: \_\_\_\_\_  
 Work: \_\_\_\_\_  
 Cell: \_\_\_\_\_

**Mother's Information**  
 Name \_\_\_\_\_  
 Spouse (if different than mother) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Phone Numbers: Home: \_\_\_\_\_  
 Work: \_\_\_\_\_  
 Cell: \_\_\_\_\_

## PROGRAM INFORMATION

**Circle Session:**

**ANNUAL                      FALL                      WINTER                      SPRING I                      SPRING II                      SUMMER**

Class Description/Choir Name/Private Lesson Type	Instructor	Day	Time	Tuition

*I hereby authorize the staff or parent volunteers of Northwest Community Music Academy to obtain medical treatment for my child in the event of an emergency. I release Northwest Community Music Academy, their employees, and volunteers from any claim of liability in connection therewith. \_\_\_\_\_ initial*  
*I grant permission for my child to attend events and activities of the Northwest Community Music Academy program which he/she is enrolled. I will be notified in advance of such activities. \_\_\_\_\_ initial*

*I grant permission for my child to be included in Northwest Community Music Academy directories and promotional materials which may include pictures and/or recordings on the NCMA website [www.ncmusica.org](http://www.ncmusica.org) and in newspapers. \_\_\_\_\_ initial*

Signed \_\_\_\_\_ Date \_\_\_\_\_

**PAYMENT OPTIONS**  
 You are responsible for paying your tuition on time. Statements will only be mailed to delinquent accounts, a \$3 fee will be assessed per month of outstanding balance.  
**Student participation in classes, choirs or private lessons may be forfeited at any time without refund for non-payment.**  
 Monthly credit card payments incur a one-time fee of \$5. There is a \$25 charge for NSF checks

**Group Classes:** Tuition in full is due at time of registration.

**Choir:** \$50 non-refundable deposit required at registration. Half of the tuition remainder is due 8/24/10; the balance is due 11/2/10.  
 Enclosed is the \$50 non-refundable deposit and retreat fees of \_\_\_\_\_ \$25 (Aria/Bella Voce), \_\_\_\_\_ \$110 (Cantabile/Di Canto)  
 I registered by June 1, my tuition should be at the 09-10 reduced tuition rate. Date \_\_\_\_\_

Please charge my credit card for half of the tuition remainder on 8/24/10  
 Please charge my credit card for balance due on 11/02/10

Sibling discount of 10% - name of first registered choir student \_\_\_\_\_  
 Please credit the following student \$50 for referring me to NCYC – (referred by) \_\_\_\_\_

**Private Instruction:** Half of the semester tuition is due at time of registration. Remaining balance is due week nine of the semester.  
 Enclosed is 1/2 of fall session tuition  
 Please charge my card for the remaining fall session's balance on 10/15/10  
 Please charge my card for the spring session's 1/2 tuition on 1/15/11  
 Please charge my card for the remaining spring session's balance on 3/15/11

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**Financial Aid is available. To apply or if you have questions, Please call 815.356.7464 for more information.**  
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**Payment Information**  
 Amount Enclosed: \_\_\_\_\_  Check # \_\_\_\_\_  Mastercard  Visa  
 Card # \_\_\_\_\_ 3-Digit Code \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Print Name as it appears on Card: \_\_\_\_\_  
 Authorized Signature \_\_\_\_\_

Please mail this form with payment to: NCMA, 461 Pierson Street, Crystal Lake, IL 60014  
 Phone 815.356.SING (7464), Fax 815.425.1302

# PERMISSION AND MEDICAL RELEASE

## INSURANCE INFORMATION:

Provider \_\_\_\_\_

Group # \_\_\_\_\_

Name of Insured \_\_\_\_\_

ID# \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION:

*In the event of an emergency, we will make every attempt to contact a parent. Please provide names of two people to contact if a parent cannot be reached. (Be sure to list the names of people who usually know your whereabouts.)*

Contact #1 \_\_\_\_\_

Relation to student \_\_\_\_\_

Day phone \_\_\_\_\_

Evening phone \_\_\_\_\_

Contact #2 \_\_\_\_\_

Relation to student \_\_\_\_\_

Day phone \_\_\_\_\_

Evening phone \_\_\_\_\_

## MEDICAL INFORMATION:

Physician name \_\_\_\_\_

Phone # \_\_\_\_\_

Student's medical condition(s) \_\_\_\_\_  
\_\_\_\_\_

Current medication(s) and dosage \_\_\_\_\_  
\_\_\_\_\_

Physical or diet restrictions \_\_\_\_\_

Allergies (food, medications, bee stings, etc.) \_\_\_\_\_

Significant medical history \_\_\_\_\_  
\_\_\_\_\_

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