



2011-2012 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 father) _____

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

initial 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 and in newspapers.

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 and all Summer Session Programs: Tuition in full is due at time of registration.

Choir: \$50 non-refundable deposit required at registration. Half of the tuition remainder is due 8/29/11; the balance is due 10/24/11.
 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 reduced tuition rate. Date _____

Please charge my credit card for half of the tuition remainder on 8/29/11
 Please charge my credit card for balance due on 10/24/11

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: For summer lessons, tuition is due in full, for Fall and Spring, half of the semester tuition is due at time of registration. Remaining balance is due week nine of the semester.
 Enclosed is my full summer tuition
 Enclosed is ½ of fall session tuition
 Please charge my card for the remaining fall session's balance on 10/15/11
 Please charge my card for the spring session's ½ tuition on 1/15/12
 Please charge my card for the remaining spring session's balance on 3/15/12

 Financial Aid is available. To apply or if you have questions, Please call 815.356.7464 for more information.

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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