



REGISTRATION FORM

For Office Use Only: QB Date _____ FMP _____

First Name:

Last Name:

Primary Phone:

Address:

City:

State:

Zip:

E-mail address is confidential and is the main form of communication for all EMA programs.

Most frequently checked email address:

How did you hear about EMA?

- | | | | | | |
|---|-------------------------------------|------------------------------------|---|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Returning Student | <input type="checkbox"/> PatronMail | <input type="checkbox"/> Flyer | <input type="checkbox"/> Park District Ad | <input type="checkbox"/> Teacher | <input type="checkbox"/> Other... |
| <input type="checkbox"/> Blast/Marketing Harvest | <input type="checkbox"/> Facebook | <input type="checkbox"/> Groupon | <input type="checkbox"/> School Tour | <input type="checkbox"/> Yellow Pages | |
| <input type="checkbox"/> Bring a Friend Promotion | <input type="checkbox"/> Friend | <input type="checkbox"/> Newspaper | <input type="checkbox"/> School Website | <input type="checkbox"/> Website | |

Please complete for students 18 and under

Birthdate:

Current Grade:

Current School:

Parent #1 Information

Parent #2 Information

Name:

Name:

Cell Phone:

Cell Phone:

PROGRAM INFORMATION

Class Description/Choir Name/Private Lesson Teacher	Day	Time	Tuition
Total Due:			

_____ **initial** I hereby authorize the staff or parent volunteers of Encore Music Academy to obtain medical treatment in the event of an emergency. I release Encore Music Academy, their employees, and volunteers from any claim of liability in connection therewith.

_____ **initial** I grant permission to be included in Encore Music Academy promotional materials which may include pictures and/or recordings on website, social media and in newspapers.

_____ **initial** I have read and understand the EMA policies (located on the back of this form) regarding payment plans, fees and cancellation/withdrawals.

Signature _____
(Parent if student is under 18)

Date _____

Please mail this form with payment to:
EMA, 800 McHenry Ave, Suite G, Crystal Lake, IL 60014, Phone 815.356.SING (7464)
Fax 815.425.1302 or register online: encoremusicacademy.org