

**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"/> EMA Website | <input type="checkbox"/> Groupon          | <input type="checkbox"/> School Email   | <input type="checkbox"/> Teacher          |
| <input type="checkbox"/> Blast/Marketing Harvest  | <input type="checkbox"/> Facebook    | <input type="checkbox"/> Internet Search  | <input type="checkbox"/> School Tour    | <input type="checkbox"/> Virtual Backpack |
| <input type="checkbox"/> Bring a Friend Promotion | <input type="checkbox"/> Friend      | <input type="checkbox"/> Newspaper        | <input type="checkbox"/> School Website | <input type="checkbox"/> Other...         |
| <input type="checkbox"/> Email from EMA           | <input type="checkbox"/> Flyer       | <input type="checkbox"/> Park District Ad | <input type="checkbox"/> Sibling        |                                           |

*Please complete for students 18 and under*

**Birthday:**

**Grade as of 9/1/2019:**

**School as of 9/1/2019:**

**Parent #1 Information**

**Parent #2 Information**

**Name:**

**Name:**

**Cell Phone:**

**Cell Phone:**

**PROGRAM INFORMATION**

| Class Description/Choir Name/Private Lesson Teacher | Day | Time | Tuition |
|-----------------------------------------------------|-----|------|---------|
|                                                     |     |      |         |
|                                                     |     |      |         |
|                                                     |     |      |         |
| <b>Total Due:</b>                                   |     |      |         |

\_\_\_\_\_ **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 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](http://encoremusicacademy.org)