



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

*Please complete for students 18 and under*

**Birthday:**

**Grade as of 9/1/2020:**

**School as of 9/1/2020:**

**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)