



2018-2019 REGISTRATION FORM

For Office Use Only: QB Date _____ FMP _____

First Name: _____ **Last Name:** _____ **Primary Phone:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Gender: _____ **Birthday:** _____ **2018-19 Grade:** _____ **2018-19 School:** _____

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 student under 18 or if parent will be responsible for tuition payments:

Parent #1 Information

Name: _____
Cell Phone: _____

Parent #2 Information

Name: _____
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 for my child 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 for my child to attend events and activities of the Encore 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 Encore Music Academy directories and promotional materials which may include pictures and/or recordings on the Encore Music Academy website 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