



# YOUTH REGISTRATION FORM

<b>OFFICE USE ONLY</b>
Date received: _____/_____/_____

24 Ransom NE, Grand Rapids MI 49503 P 616.459.2224 F 616.459.6445 www.scmc-online.org

**COMPLETE** one form for each student and **MAIL** to the above address **ATTENTION:** Education Office.

**STUDENT**  NEW  RETURNING      **SEMESTER**  FALL ONLY  SPRING ONLY  FULL YEAR

Student Name \_\_\_\_\_ Male  Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(Home) Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Special needs or disabilities SCMC and its instructors should be aware of \_\_\_\_\_

(1) **PARENT**/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

(2) **PARENT**/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

The following optional student information is requested by funding sources. Your answer would be greatly appreciated.

Asian / Pacific / Indian  African American  Caucasian / White  Hispanic / Latin American  Native American  Other

**An audition** is required for membership in youth ensembles. Please call 616.459.2224 to schedule an audition if you have not already done so.

**See catalog for tuition fees.**

**YOUTH ENSEMBLES**

- Sinfonia
- Concert Orchestra
- Philharmonic
- Concert Band

**CLASSES**

- Music Theory I
- Music Theory II
- Rock Songwriting Workshop
- Rock Camp Spring Break Escape

**JUNIOR MUSIC CLUBS**

- Opus I - gr K-2
- Crescendo - gr 3-5
- Overtones - gr 6-8
- Young Musicians - gr 9-12

**SUMMER DAY CAMPS**

- Stella Royce Piano Camp
- Rock Band Camp
- Alternatives for Strings

**Instrument** \_\_\_\_\_ **Years studied** \_\_\_\_\_

Private instructor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

School orchestra or band conductor name \_\_\_\_\_

**PAYMENT** in full is due upon receipt of first bill unless payment plan has been arranged in advance with education office.

- I am interested in a tuition payment plan.  semester  monthly
- I am interested in tuition with fundraising. (Available only to ensemble students)
- I am interested in tuition financial assistance. An application will be sent to you upon receipt of this form. **Return form to SCMC with a required non-refundable \$25 deposit that will be applied to total tuition.**

**TOTAL tuition due** \_\_\_\_\_ **Amount paid / enclosed** \_\_\_\_\_ **Date** \_\_\_\_\_

**PAYMENT METHOD:**  Check # \_\_\_\_\_  Cash  Visa  Mastercard  Discover

Card # \_\_\_\_\_ Exp. \_\_\_\_\_

3-digit security code from back of card: Vcode \_\_\_\_\_

Card holder signature \_\_\_\_\_ Print card holder name \_\_\_\_\_