



2021-2022 Registration & Hold My Spot

Tuition for the 2021-2022 Season: Tuition has been set at \$425 for the year. This comes to about \$13/rehearsal! A great price for the amount of instruction your child will receive. Tuition can be paid in full or in monthly installments. Should you require financial assistance, we are happy to provide scholarships. Scholarship applications can be found on our website under the “Forms” tab. We never turn down a student for their inability to pay tuition costs.

Prorated Tuition for late start: Cabaret Concert Cycle Start Date- \$285 | Spring Cycle Start Date- \$150

Hold My Spot Downpayment: A non-refundable \$50 *Hold My Spot* deposit is due with your registration form. This deposit is included in the price of tuition.

Choirister’s Name (please print): _____

Birthdate: _____ School Name: _____ 2021-22 Grade: _____

Choristers T-Shirt Size (denote Youth or Adult): _____

I give KCC permission to use my students photos on Social/Printed Media YES NO

Parent/Guardian(s): _____

Address: _____

Phone #: _____ Secondary Phone # _____

Email (to receive important email updates): _____

Please Check to Agree

I understand that I will be given music and uniform pieces that belong to The Kalamazoo Children’s Chorus. If any items are lost or damaged, I will be responsible for paying for their replacement.

How was your HMS Deposit Paid? Check# _____ Via PayPal (paypal.me/kcchorus)

Building our community, one voice at a time.



KCC Medical Release Form

Emergency Contact (In the event that Parent/Guardian cannot be reached):

Name: _____ Relationship to Chorister: _____

Phone: _____

CONSENT TO TREAT MINOR CHILDREN

I, _____, parent or legal guardian of _____, do hereby consent to any medical care and the administration of anesthesia determined by a physician to be necessary for the welfare of my child while said child is under the care of _____ and I am not reasonably available by telephone to give consent. This authorization is effective from Sept. 2021-May 2022.

Signature of Parent or Legal Guardian _____

This consent form should be taken with the child to the hospital or physician's office when the child is taken for treatment. This additional information will assist in treatment if it can be furnished with the consent but is not required.

Family address _____ Telephone: _____

Father _____ home _____ work _____

Mother _____ home _____ work _____

Child's Birthdate _____ Last Tetanus _____

Allergies to drugs or foods _____

Special Medications, Blood Type or Pertinent Information:

Child's Physician _____ Phone _____

Insurance _____ Policy # _____

Preferred Hospital _____