



2023-2024 Registration & Hold My Spot  
Please RSVP with KCC by May 2, 2023

**Tuition for the 2023-2024 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.

**Hold My Spot Downpayment:** A non-refundable \$50 *Hold My Spot* deposit is due with your registration form. This deposit goes toward your cost of tuition.

Choirister's Name (please print): \_\_\_\_\_

Birthdate: \_\_\_\_\_ School Name: \_\_\_\_\_ 2023-24 Grade: \_\_\_\_\_

Chorister's T-Shirt Size (denote Youth or Adult): \_\_\_\_\_

*For Returning Choristers Only:*

- I would like to be considered for move up
- I wish to stay in the choir I am currently in

*\*\*if we are able to add an additional choir, your child may be moved up to accommodate the appropriate age/ability level*

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# \_\_\_\_\_

*Building our community, one voice at a time.*



## KCC Medical Release Form

Preferred Emergency Contact:

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 July 2023-May 2024.

**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: \_\_\_\_\_

Contact 1 \_\_\_\_\_ home \_\_\_\_\_ work \_\_\_\_\_

Contact 2 \_\_\_\_\_ 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 \_\_\_\_\_