



2024-2025 Registration & Move Up Consideration
Please RSVP with KCC by May 1, 2024

Tuition for the 2024-2025 Season: Tuition has been set at \$425 for the year. This comes to about \$13/rehearsal! Tuition can be paid in full or in monthly installments. Should you require financial assistance, 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 *Registration* deposit is due with your form. This deposit goes toward your cost of tuition.

Choirister’s Name (please print): _____

Birthdate: _____ School Name: _____ 2024-25 Grade: _____

Chorister’s T-Shirt Size (denote Youth or Adult): _____

Does Singer Take Voice Lessons? _____ Voice Teacher: _____

Does Singer Play an Instrument? _____

Parent/Guardian(s): _____

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 loaned 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)



KCC Medical Release Form

Preferred Emergency Contact:: _____

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 _____