Youth Music Academy
Registration Form

Parents' Names: _____

Mailing Address: _____

City_____ State_____ Zip_____

Home Phone: _____ Cell Phone: _____

Parent E-mail Address: _____

For each student, check blank for chosen ensemble, circle new or returning, and circle tuition amount. Rates for 2nd and 3rd children apply to siblings in the same ensemble. Also, please check last box if you are HSLDA members.

1) Student's Name: _____Gender: _____ Age: _____

Grade: _____   Student E-mail Address: _____

	1st	2nd	3rd
_____ Choir: New or Returning (circle one)	$400	$250	$100
_____ Orchestra: New or Returning (circle one)	$300	$200	$100

If returning, please note previous choir singing part or orchestra instrument: _____

2) Student's Name: _____ Gender: _____ Age: _____

Grade: _____   Student E-mail Address: _____

	1st	2nd	3rd
_____ Choir: New or Returning	$400	$250	$100
_____ Orchestra: New or Returning	$300	$200	$100

If returning, please note choir singing part or orchestra instrument: _____

3) Student's Name: _____ Gender: _____ Age: _____

Grade: _____   Student E-mail Address: _____

If returning, please note choir singing part or orchestra instrument: _____

	1st	2nd	3rd
_____ Choir: New or Returning	$400	$250	$100
_____ Orchestra: New or Returning	$300	$200	$100

Family Tuition Total (add all circled tuition amounts) $_____

_____ **Are you HSLDA members?**

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Instructions:
1. We prefer that families submit **full tuition payment** with their registration form; however, if it is necessary to ease the financial strain, families may split their tuition into 2 payments. The first payment must accompany the registration form, and the second payment is due by the last rehearsal day of the first semester. **Early registration** (submitted with payment) by May **8** will guarantee the student's spot in chosen ensembles. New auditionees must submit registration (with payment) by **July 1** to secure their spots.
2. Families with student(s) in both choir and orchestra may deduct $50. This applies when one student is enrolled in both ensembles or when one student is in choir and another student is in orchestra; however, only one $50 discount will be given per family at this time.
3. The total due with registration must include all OR half of the tuition (minus discount, if applicable). You may also include a donation that will help provide scholarship money for student families in financial need and help YMA with concert set up and transportation costs.

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Family Tuition Total (from previous page) $_____
$50 Family Discount (for those with student(s) in both choir and orchestra)   - $_____

For those who need to split payments:
Divide total above into 2 equal payments due: 1st payment with registration $_____
                                                 2nd payment due by Dec 4 $_____
Donation to YMA (optional)   + $_____

Total due with registration   = $_____

If donating: Please write below how you would like your name to appear in the program. Feel free to put "anonymous" if you would prefer not to be mentioned: _____

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"I acknowledge that consistent participation by all members is essential to any musical ensemble's success. I have checked the Fall and Spring schedules and agree to consistently attend all rehearsals and performances, complete outside practice as necessary, and to notify the director immediately if illness or emergency prevents my participation. I have also read the YMA Policies and agree to abide by these policies. "

1) Student Signature: _____ Date_____

2) Student Signature: _____ Date_____

3) Student Signature: _____ Date_____

PARENT Signature: _____ Date _____

"I give permission for photos/videos/audio recordings (no student names will be used) of the above named child(ren) to be used for PHC-YMA promotional purposes and/or posted on YMA website."

PARENT Signature: _____ Date: _____

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Please make your checks payable to: *Patrick Henry College* with *PHC-YMA* in the memo line.
Mail check, registration form (both pages), and minor waiver for each participant to:
Christine Huchthausen, 39091 Old Wheatland Rd., Waterford, VA 20197

--- *Administrative Use Only*

Full payment _____Date_____ Ck#_____Cash _____Deposited_____

Sem. 1 payment _____Date_____ Ck#_____Cash _____Deposited_____

Sem. 2 payment _____Date_____ Ck#_____Cash _____Deposited_____