



Central Coast Youth Chorus

CHORISTER FINANCIAL INFO FORM

Jan - May 2025

SINGER'S NAME: _____

Parent/Guardian #1 Name: _____ Phone: _____

Parent/Guardian #1 Address: _____

Parent/Guardian #1 Email Address: _____

Parent/Guardian #2 Name: _____ Phone: _____

Parent/Guardian #2 Address: _____

Parent/Guardian #2 Email Address: _____

Which parent is financially responsible for payment of CCYC costs? Both Parent/Guard. #1 Parent/Guard. #2 Other

If parents are not financially responsible, who is? _____

Email Address: _____ Phone: _____

Address: _____

Please circle your child's choir group and select payment plan for the Winter/Spring session:

CHOIR GROUP	1-Payment Plan Due @ Registration	2-Payment Plan Due @ Registration & Mar 1st (Credit/Debit only)
Brio (ages 7-9)	\$300	2 x \$160
Cadence (ages 9-12)	\$360	2 x \$190
Cadenza (ages 12-17)	\$420	2 x \$220

Bounced check fees will be billed to Parent.

Tuition (As per selection above - due at time of registration)	+
Sibling Discount (\$25 discount per family; not applicable if discount was received in Fall)	-
\$100 Volunteer fee per family (OPTIONAL to pay in lieu of volunteering 7 hrs during the session)	+
Total	=

Method of Payment:

- Cash (please put in clearly marked envelope with name)
- Check payable to CCYC (Ck # _____ Date received _____)
- Credit/Debit Card (Visa/MC/Discover/AMEX) Card # _____ Exp _____

Name on Card _____ 3-digit Security Code _____

I authorize CCYC to initiate electronic payments for the selected payment plan to my credit/debit card acct.

Signature: _____

Scholarships available based on financial need – please apply online at www.centralcoastyouthchorus.org.

FOR OFFICE USE ONLY: COPIES TO Finance Manager

updated 10-4-24