



CENTRAL COAST YOUTH CHORUS CHORISTER FINANCIAL INFO FORM

January - May 2019

Please fill out all information requested below. Please print legibly. Thank you!

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/Guardian #1 Parent/Guardian #2
 Other If parents are not financially responsible, who is? _____

Address: _____ **Phone:** _____

Email Address: _____

Please circle your child's choir group and select payment plan for the year:

CHOIR GROUP	1-Payment Plan Due @ Registration	2-Payment Plan Due @ Registration & Mar 10th
<i>Brio</i>	\$300	2 x \$160
<i>Young Men's Ensemble</i>	\$450	2 x \$235
<i>Cadence</i>	\$360	2 x \$190
<i>Cadenza (includes Cadence tuition)</i>	\$420	2 x \$220
<i>Vivace</i>	\$480	2 x \$250
<i>AVE</i>	\$600	2 x \$310

For the 2-Payment Plan, you must supply a credit or debit card number below. No cash/checks.
 Sibling discount for each chorister: \$50 Vivace & AVE / \$25 all other choirs. AVE price includes tuition for Vivace.
 Bounced check fees will be billed to Parent.

TUITION

Tuition (As per selection above - due at time of registration) + _____

Sibling Discount (\$25 or \$50 discount for each chorister) - _____

\$100 Volunteer fee per family + _____
 (optional to pay in lieu of volunteering 7 hours during the year)

TOTAL = _____ **Amount paid today** _____

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 account.

Signature: _____

Scholarships available based on financial need – please ask staff for an application.

FOR OFFICE USE ONLY: COPIES TO Finance Manager Parent

11-7-18