



BEST Strings Registration Form
 ___ Howard ___ River Road/El Camino del Rio

Student and Parent Information

Student's Name (Last, First): _____

Male ___ Female ___ Birth Date: ___/___/___ (mm/dd/yy)

School in September 2015: _____ Grade in September 2015: _____

Parent/Guardian's Name (Last, First): _____

Mailing Address: _____
 (City) (State) (Zip)

Home Phone: (____) _____ Cell Phone: (____) _____

Email: _____

Preferred Language: English ___ Spanish ___ Other(please specify): _____

Payment Options

Class Fee \$70: Instrument Rental \$60 + Book \$10 = \$70 Total.
Please fill out information below for one of the payment options:

1. ___ Full payment enclosed (make checks payable to ESYO)

Check/Money Order Enclosed

Visa, MasterCard, or Discover

Card number: _____ Exp. Date: _____

Cardholder name (print): _____

Amount Authorized: _____

Authorized Signature: _____

2. ___ I agree to settle the \$70 fee by one of the following payment plans.

Monthly payment plan Oct – April (7 equal payments; credit card must be on file)

Three Equal payment plan (First before 9/30/15, Second before 12/31/15, Third before 4/30/15; credit card on file or checks mailed before due dates)

3. ___ I have included a completed instrument rental scholarship form. I agree to pay any remaining balance in full or set-up a payment plan as listed above.

(1) In consideration of the right to participate in ESYO's activities, I release any and all claims for damages and losses suffered by me or my minor child against ESYO and any officers or agents thereof. I further understand that there are certain risks inherent in this activity and that proper training and physical conditioning is necessary. I hereby agree to assume those risks on my behalf or on the behalf of my minor child and to hold harmless ESYO and its agents. I have read and understand the above.

(2) I give permission for use of any photo for newsletter, web site or other marketing purposes taken during ESYO classes, rehearsals or performances.

(3) I have read and understand the above agreement and the attached class policies.

Signature of Parent or Legal Guardian: _____ **Date:** _____

For office use only:
 QB _____ Access _____ Attendance _____ Copy to ED _____



BEST Strings Class Policies
Please retain this form for your records.

Program fee and refunds

- (1) Accounts must be current (either paid in full or meeting payment arrangement requirements) in order for students to participate in ESYO programs, including concerts and rehearsals.
- (2) Full program fee will be refunded if the orchestra/class has been discontinued by ESYO.
- (3) Students who elect to drop out will receive a maximum 50% refund if his/her participation is less than 3 months. A petition for refund is required.
- (4) Students who are unable to attend rehearsals/class due to a long term (4 consecutive weeks or more) physical problem with written medical proof will receive a prorated refund for missed activities.
- (5) Any petitions for refunds will be reviewed by ESYO Executive Leadership. Decisions made by ESYO Executive Leadership are final.

Cancelled Classes

- (1) Information concerning cancellation of rehearsals, concerts or classes can be obtained by calling the ESYO office at 541-484-0473.
- (2) All ESYO activities will be cancelled if the Eugene Public Schools are closed due to inclement weather or school safety considerations.
- (3) ESYO reserves the right to modify a class due to insufficient enrollment, instrumentation or extenuating circumstances.



Instrument Rental Scholarship Form

Please only include this form with your registration materials
if you are applying for an instrumental rental scholarship.

_____ I'd like to apply for an instrument rental scholarship
(Only applicable for students renting an instrument through ESYO)

MONTHLY FAMILY INCOME INFORMATION (CONFIDENTIAL)

List the names of all household members who have income and their monthly earnings (before deductions).

	Name (last, first)	Age	Monthly Earnings (Before Deductions)	Other Income (Welfare, Child Support, Social Security, Alimony, Retirement, Unemployment, Food stamps, etc.)
1.				
2.				
3.				
4.				

TOTAL HOUSEHOLD MEMBERS: _____ TOTAL MONTHLY INCOME (Before Deductions) \$ _____
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DECLARATION

- I agree to settle the balance within two months after the financial aid decision is made and no later than 12/15/15 if a scholarship is not granted.
- I understand that ESYO reserves the right to request additional supporting document(s) to verify the above-stated income.
- I understand that my child's past attendance in ESYO classes/camps will affect the granting of this participation fee waiver.
- I understand that this information must be accurate and that the information is given for the single purpose of determining qualifications for awarding an ESYO Scholarship and/or fee waiver(s). Deliberate misrepresentation of the information may result in the denial of this request.

Musician Name (Last, First): _____

Signature of Parent or Legal Guardian: _____ Date: _____

For office use only: _____% of ESYO guideline _____ (ESYO Official)			
_____ Approved PFS	_____ Denied PFS	\$_____ amount of PFS	\$_____ Amount of parent portion
_____ Approved IRS	_____ Denied IRS	\$_____ amount of IRS	\$_____ Amount of parent portion
Copy to ED _____			



SA1 Instrument Rental Agreement

Please include this form with your registration materials only if you plan to rent an instrument through ESYO.

Student Name (Last, First): _____

School name: _____

Rental period & rental fee:

\$60 rental fee covers the following rental period: October 2015 - May 2016

Student agreement:

- I intend to check out an instrument from ESYO/4J School District and agree to be responsible for giving it the best care.

Student signature: _____ Date _____

Parent agreement:

- I agree to be responsible for up to \$250 damage or loss resulting from accidents, neglect or failure to return the instrument that my child checks out.
- I understand that I will be charged \$10 a month if the instrument is not returned by the end of the rental period chosen above.
- I agree to return the instrument to ESYO if payment is overdue.

(Parent or legal guardian signature) _____ Date _____

Instrument Type

Violin _____ Viola _____ Cello _____ String Bass _____

For office use only:

QB _____ Copy to Instrument Coord _____ Check # _____