



String Academy 1 (SA1) Registration Form
 ___YG/Corridor ___Camas Ridge ___McCornack ___Gilham

Student's Name (Last, First): _____

Male ___ Female ___ Grade in September 2016: _____

School in September 2016: _____

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

\$300 - Program Fee Only (check this box if you have an instrument or plan to rent one from an outside source)

\$10 – Music Book fee (required for all participants)

\$310 – Total Program/Book

\$90 – Instrumental Rental fee (check this box if you plan to rent an instrument through ESYO)

\$400 – Total Program, Book and Instrument Rental Fee

___ **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 Signature: _____

___ **I agree to settle the amount due through one of the following payment plans.**

Monthly Payment plan Sept – April (8 equal payments; credit card must be on file)

3 Payments plan (First before 09/27/16, Second before 12/29/16, Third before 4/27/17;

We need your credit card on file or checks mailed before due dates)

___ **I have included a completed financial aid form. I agree to pay any remaining balance in full or set up a payment plan as indicated 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 _____ Master Roster _____ Copy to ED with FAA _____ Copy to ED with PLS _____



String Academy 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.

Please feel free to call the office for more information. Be sure to go to our website too!

www.esyorchestras.org



Scholarship Application (due by Sept 29, 2016)

(Due to the availability of funding, the award of one scholarship does not guarantee the award of another)

Check all that apply:

- I'd like to apply for a **program fee scholarship**.
- I'd like to apply for an **instrument rental scholarship**.
(applicable to students who rent instruments from ESYO only – see online form)
- I'd like to apply for a **private lesson scholarship**. Scholarship consists of \$20 per lesson, maximum 1 lesson per week/4 per month from September 2016 – June 2017.
Separate forms are also required for this scholarship – please go to esyorchestras.org/forms to download.

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) \$** _____

DECLARATION

- I agree to pay any remaining balance in full or setup a payment plan as listed on Program Fee & Payment Options form.
- I understand that ESYO reserves the right to request additional supporting document(s) to verify the above-stated income.
- Previous participant's accounts with ESYO must be current in order to be awarded a scholarship.
- 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.

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 IFS	_____ Denied IFS	\$ _____ amount of IFS	\$ _____ Amount of parent portion
_____ Private Lesson Scholarship Financial Evaluation Score	_____ Private Lesson Scholarship Score		
_____ Approved Lesson Scholarship	_____ Denied Lesson Scholarship	Copy to ED with FAA _____	Copy to ED with PLS _____



2016- 2017 SA1 Instrument Rental Agreement

Please return the completed form to the ESYO office
with the full payment or a financial aid application form.

***Instruments will not be distributed until registration is completed
and payment and/or payment arrangements have been made with the ESYO office.***

Check payable: Eugene-Springfield Youth Orchestras (ESYO)
Mailing address: P.O. Box 5666, Eugene OR 97405
Phone number: 541-484-0473
Rental period & rental fee: (September 2016 through May 2017) \$90 for SA1

Student Name (Last, First): _____ School name: _____

Instrument _____ Size _____ Shoulder Rest / Rosin _____

Student agreement:

- I intend to check out an instrument from ESYO 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 will checked 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 Name (please print) _____

Phone _____ Email _____

Signature _____ Date _____

Instrument Type

Violin____ Viola____ Cello____ String Bass____

For office use only:

QB _____ Amount _____ Check# _____ Cash _____ CC _____ Copy to Instrument Coord _____