



String Academy 1 (SA1) Registration Form
ESYO • PO Box 5666, Eugene OR 97405 • 541-484-0473 • www.esyorchestras.org

Student Name: First _____ Last _____

Grade in Fall 2018: _____ School in September 2018: _____

String Academy Class: Adams Edgewood Gilham Willagillespie Yujin Gakuen

First Choice of Instrument (violin, viola, cello) _____ Second Choice: _____

Primary Parent/Guardian: First _____ Last _____

Mailing Address: _____

Phone: (_____) _____ Email: _____

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

Secondary Parent/Guardian: First _____ Last _____

Mailing Address (if different): _____

Phone2: (_____) _____ Email2: _____

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

SA1 FEES:

\$300 + \$10 for book = **\$310 Total Due**

\$ 90 – Instrumental Rental fee (*check box and fill out attached Rental Form to rent an instrument from ESYO*)

\$400 – Total Fee with Instrument Rental

PAYMENT PLANS (check one)

(Complete credit card info below or mail check to ESYO, PO Box 5666, Eugene, OR 97405)

Full Payment by check or credit card by 10/6/18

3 Payments of \$103.33 due 10/6/18, 12/1/18, and 03/1/19

8 Monthly Payments of \$38.75 (Oct 2018 - May 2019)

I am requesting financial aid by completing the financial aid application. I agree to pay any remaining balance in full or set up a payment plan once notified of the scholarship award.

Credit Card number: _____ Exp. Date: _____

Cardholder name (print): _____

Amount: \$ _____ Authorized Signature: _____

Release from Liability Agreement

(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) Photo Release: by entering my name below I give permission for the use of photos or videos that may include my child in ESYO promotional materials. Individual names do not accompany photos without permission.

(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 _____ IR Form Rcvd _____
--



String Academy 1 Class Policies 2018-19 North and South Regions

Welcome to String Academy 1 (SA1) and thank you for starting your child's musical journey! This registration form is for those attending SA1 classes at Adams, Edgewood, Gilham, Willagillespie, or Yujin-Gakuen. The form is also available to fill out on line at <https://esyorchestras.org/programs/string-academy-i/>.

Please fill out all of the required information and submit by 10/6/2018 either by mail or email to office@esyorchestras.org. Feel free to call the office with questions: 541-484-0473.

A Note About Instrument Choice: We do our best to give students the instrument of their choice. However, often we have more requests than we do instruments of that kind, so we try to make sure there are some of each in every school.

WEB SITE

Please familiarize yourself with the SA1 web page: <https://esyorchestras.org/programs/string-academy-i/>. It includes important information that is updated regularly throughout the year.

EMAIL COMMUNICATION: Although you are always welcome to speak directly with your teacher, please also know that the best way to communicate with the office is through email. And please make sure you are receiving emails from us! These give you all the information you will need for concerts, class times, school events, etc.

ATTENDANCE POLICIES

It is important that your child miss as few classes as possible. It is difficult to catch up, especially if classes are missed regularly. Please be aware of the commitment you are making.

SUPPORT AT HOME: This is one of the most important things a child needs. Encouragement to practice, take good care of their loaned instrument, and participate as fully as possible in the class.

PROGRAM FEES

1. Every participant must submit the Program Fee/Payment Option form
2. Students may not register for next year's programs until all previous accounts are current.
3. If your account becomes delinquent your child may be prevented from participating in ESYO programs.
4. Full program fee will only be refunded if the orchestra/class is cancelled by ESYO.
5. Students who elect to drop out will receive a maximum 50% refund if his/her participation is less than 3 months.
6. Students who are unable to attend rehearsals/class due to a long term (4 consecutive weeks or more) physical condition with a doctor's note will receive a prorated refund for missed activities.

CANCELLED or MODIFIED CLASSES/REHEARSALS

1. Information concerning cancellation classes will be announced in class, and an email sent home.
2. All ESYO activities will be cancelled if the Eugene 4J 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.

ESYO Office: Our office has moved! Our mailing address remains ESYO, PO Box 5666, Eugene, OR, 97405. Our new street address, beginning Sept 1, is 148 W. Hilliard Lane (the brown house next to River Road elementary school). Please feel free to call the office for more information or go to our website www.esyorchestras.org



ESYO Scholarship and Financial Aid Application (due by Oct 6, 2018)

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

Student Name: _____

School/Class: _____

Please 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 ESYO participants who rent instruments from ESYO only)

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 Number of People Living in HOUSEHOLD: _____

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.

Signature of Parent or Legal Guardian: _____ Date: _____

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



Eugene-Springfield Youth Orchestras (ESYO)
2018-2019 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 and first payment have been received.***

Check payable: Eugene-Springfield Youth Orchestras (ESYO)
Mailing address: P.O. Box 5666, Eugene OR 97405
Phone number: 541-484-0473
Rental period & fee: (October 2018 through May 2019) **\$90 for SA1**

Student Name _____ School/Class _____

Instrument _____ Size _____ Shoulder Rest / Rosin _____

Student agreement:

- I intend to check out an instrument from Eugene-Springfield Youth Orchestras and agree to be responsible for giving it the best care.

Student signature _____ Date _____

Parent agreement:

- I agree to be responsible for *up to the value of the instrument* for damage or loss resulting from accidents, neglect or failure to return the rental instrument.
- I understand that I will be charged \$10 a month if the instrument is not returned by the end of the rental period above and this may impact my ability to rent instruments from Eugene-Springfield Youth Orchestras in the future.
- I agree to return the instrument to Eugene-Springfield Youth Orchestras if payment is overdue.

Parent or Legal Guardian Name (please print) _____

Phone _____ Email _____

Signature _____ Date _____

For office use only:

QB _____ Payment _____ Amount _____ Check# _____ Cash _____ CC _____ Copy to Inst Coord _____