



## OYC Miracle Chorus at Glenview Elementary: Spring Session

### Student Information

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Student's School: **GLENVIEW ELEMENTARY** Grade: \_\_\_\_\_

**Parent/Guardian Information: Provide a mailing address, email & at least 1 phone no. where a parent can be reached.**

Parent or Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**2<sup>nd</sup> Parent/Emergency Contact Information: Provide at least 1 phone number where this person can be reached.**

2<sup>nd</sup> Parent/Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**List any additional people, and their relationship to the child, who may pick up the child. Use reverse if necessary.**

\_\_\_\_\_

**Medical Information: Please describe any allergies, medications, or medical conditions. Use reverse if necessary.**

\_\_\_\_\_

### OYC Policies on Late Pick-Up and Right to Deny Service

OYC students must be picked up promptly from class. Frequent late pick-up may result in your child's dismissal from the program. If we have not been able to reach you or your emergency contact within 30 minutes, Child Protective Services may be called. The Oakland Youth Chorus reserves the right to deny service to anyone. In the event of inappropriate conduct, lateness, and/or absences, the staff will make reasonable efforts to counsel the student and consult with parents before the student is dismissed permanently.

#### Medical Release Agreement

I authorize OYC to seek medical treatment, in the case of an emergency, for my child in the event that I am not able to be contacted.

#### Publicity Release Agreement

As a parent of an Oakland Youth Chorus student, I understand that publicity and income in support of the organization is earned through performing. I consent to OYC receiving all payments for student performances involving my son/daughter/ward which may include, but are not limited to: concerts, commercials, films, radio, community/civic events, billboards, internet presence, flyers, newspapers and television appearances. I give consent for my son's/daughter's/ward's image, voice and artwork to be used in association with publicity, fundraising and community activities exclusively on behalf of OYC. Exceptions can be made if the parent/guardian contacts OYC with concerns about specific uses of their child/ward's image. I understand that OYC practices a policy of full disclosure on all income and I may request such information at any time.

#### Consent for Participation/Liability Release

I do hereby give consent for my child to participate in the Oakland Youth Chorus program. I have read the above policies and agreements. I release the OYC staff, volunteers and agents from any liability that may arise as a result of my child's participation in the program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Fees and Payment

Sliding Scale Registration Fee (OYC encourages each family to determine how much they can afford to pay.) \$120-170

**Total Enclosed** = \_\_\_\_\_

Please return cash or a check, money order or cashier's check, made payable to Oakland Youth Chorus, with your registration form.

If you have questions about payment or registration, please contact Jessica Manta-Meyer, Managing Director, at [Jessica@oaklandyouthchorus.org](mailto:Jessica@oaklandyouthchorus.org) or 510-287-9700 x105.

**Demographic Information (optional):** This data will not be used to make any decisions about your child's participation in any OYC program, but may help us in reporting to our funders. Please circle all that apply:

Student Gender      Male                      Female                      Transgender  
 Student's Race/Ethnicity      African American      Latino/Hispanic      Asian      Caucasian/White      Native American      Other