



# Oakland Youth Chorus Student Tuition 2011-2012



## OYC HILLCREST MIRACLE CHORUS: WINTER 2012 SESSION

PARENTS: Complete and return this form to OYC with payment by **DECEMBER 5, 2012**

### Contact Information (please print neatly)

Student Name		Date of Birth Month ____ Day ____ Year ____	
Address		City & Zip	
Home Phone #	Student Cell #	Student Email	
Student's School Hillcrest Elementary School		Grade	

Optional data we collect to report to our funders. This info, while very helpful to OYC, is not used to make decisions about your child's participation.

Student Gender (check)	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Transgender	<input type="checkbox"/>	
Student's Race/Ethnicity (check all that apply)	<input type="checkbox"/>	African American		<input type="checkbox"/>	Latino/a Hispanic		<input type="checkbox"/>	Asian/Pacific Islander
	<input type="checkbox"/>	European American/ White		<input type="checkbox"/>	Native American/ Alaskan Native		<input type="checkbox"/>	Mixed Race/Other (specify) _____

1 <sup>st</sup> Parent or Guardian Name	1 <sup>st</sup> Parent Home Phone
1 <sup>st</sup> Parent Address (if different)	1 <sup>st</sup> Parent Cell Phone
1 <sup>st</sup> Parent or Guardian Email	1 <sup>st</sup> Parent Employer and Work Phone

2nd Parent or Guardian Name	2nd Parent Home Phone
2nd Parent Address (if different)	2nd Parent Cell Phone
2nd Parent or Guardian Email	2nd Parent Employer and Work Phone

Please provide at least one email and one phone number where each parent/guardian can be reached.

### Emergency and Medical Information

Emergency Contact		Relationship
Emergency Contact Cell	Emergency Contact Home	Emergency Contact Work

Please provide two phone numbers where the Emergency Contact can be reached.

Allergies
Medications
Medical Conditions

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

Parent/Guardian Signature:	Date
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## Post-Rehearsal Arrangements

My child will be (check one): \_\_\_\_\_ picked up \_\_\_\_\_ driving or using public transportation him/herself.

PARENTS: Frequent late pick-up may result in your child being excused from the program. Please list below any additional people, and their relationship to the child, who may pick up the student from class.

## Publicity Release Agreement & Consent for Participation/Liability Release

As a parent of an Oakland Youth Chorus student, I understand that publicity and income in support of the organization is earned through performing. Students are expected to perform with OYC. 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, and newspaper 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 the 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's practices full disclosure of program revenue sources and I may request such information at any time.

I do hereby give consent for my child to participate in the Oakland Youth Chorus program. 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
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*The Oakland Youth Chorus reserves the right to deny service to anyone. In the event of inappropriate conduct, lateness and/or absences, staff will make reasonable efforts to counsel the student and consult with parents before the student is dismissed permanently.*

## Fees and Payment

(OYC tuition covers only a portion of actual program expenses)

Winter 2012 Tuition Fee due December 5, 2012:	\$ <u>200.00*</u>
I would like to donate to the scholarship fund for a child/youth unable to afford tuition:	\$ _____
Total Enclosed:	= \$ _____

Please return cash or check, money order or cashier's check, made payable to **Oakland Youth Chorus**, with your registration form. Online registration with credit card is available on our website at [www.oaklandyouthchorus.org](http://www.oaklandyouthchorus.org). If you need a payment schedule, please let us know.

\*Tuition fee includes instruction taught to California State Music Standards, participation in community performances, opportunities to perform with guest conductors and musical organizations, and copies of music being taught. If you find this fee to be a significant hardship, please contact Interim Executive Director, Eileen Hansen, at [Eileen@oaklandyouthchorus.org](mailto:Eileen@oaklandyouthchorus.org).

## Thank You for Being a Part of the OYC Family!

We need your help to provide OYC's outstanding programs to children and youth who are unable to afford tuition:

- **Turn your purchases, such as groceries, into cash for OYC!** Sign up for Escript, [www.escrip.com](http://www.escrip.com)
  - **Participate in Workplace Giving for OYC at your job!** Ask your HR Department for details.
  - **Connect OYC to foundation and corporate donation opportunities!** Share your ideas with Interim Executive Director, Eileen Hansen, at [Eileen@oaklandyouthchorus.org](mailto:Eileen@oaklandyouthchorus.org)
  - **Become a Parent Booster!** Volunteer to help OYC! Recruit more youth! Tell your friends about our performances!