



Da Capo Virginia

New Student Registration Form

Family Information:

Parent/Guardian: First Name _____ Last Name: _____

Street Address: _____ City/State/Zip _____

Home Phone: ____ - ____ - _____ Cell Phone: ____ - ____ - _____ Work Phone: ____ - ____ - _____

e-mail (emails are kept confidential): _____

How did you hear about us? online referred by a friend magazine/newspaper
 partnering facility event other _____

Who can we thank for referring you to Da Capo Virginia? _____

Emergency Contact:

First Name: _____ Last Name: _____ Phone: ____ - ____ - _____

*Please indicate multiple student enrollment by using the Qty. column.

Tuition and fees	Fall 10 Wks	Winter/Spring 15 wks	Summer 10 wks		
				Qty.*	Total
Group instruction: (check all that apply) <input type="checkbox"/> Animato <input type="checkbox"/> Cantare <input type="checkbox"/> Prima Volta	<input type="checkbox"/> \$185	<input type="checkbox"/> \$280	<input type="checkbox"/> \$185	x	=
Group Instruction: (check all that apply) <input type="checkbox"/> Vivo I <input type="checkbox"/> Vivo II	<input type="checkbox"/> \$250	<input type="checkbox"/> \$375	<input type="checkbox"/> \$250	x	=
Subtotal:					=
Discount 1: (circle 1a OR 1b) 1a. Multiple offerings 1b. Multiple students	1a: 10% off lower cost offering 1b: 1 student full price; each additional student 10% off lower cost offering				-
Discount 2: referral registration	10% off lower cost offering for each referral registration <i>and payment received by Da Capo</i>				-
Subtotal:					=
Discount 3: Multiple session enrollment	5% off tuition after discounts				-
Subtotal:					=
New student registration fee (per student)	\$35	\$35	\$35	x	=
Late fee (1 per family)	\$30	\$30	\$30	(n/a)	
Total Tuition, discounts, and fees: Make checks payable to <i>Da Capo Virginia</i>					=



Da Capo Virginia

New Student Registration page 2

Student Information:

Full Name: _____ Nickname: _____

Registering for: Prima Volta Animato Cantare Vivo I Vivo II

Date of Birth: __/__/__ Male Female School and grade: _____

Home Phone: ___-___-_____ Cell Phone: ___-___-_____ Work Phone: ___-___-_____

e-mail (emails are kept confidential): _____

Current Music involvement (band, choir, etc): _____

Other previous musical experience: _____

Special needs the teacher should know about: _____

Medical concerns/Allergies: _____

Medications: _____

Shirt Size: Youth S ___ Youth M ___ Youth L ___ Youth XL ___
Adult S ___ Adult M ___ Adult L ___ Adult XL ___ Adult XXL ___ Custom ___

Student Information:

Full Name: _____ Nickname: _____

Registering for: Prima Volta Animato Cantare Vivo I Vivo II

Date of Birth: __/__/__ Male Female School and grade: _____

Home Phone: ___-___-_____ Cell Phone: ___-___-_____ Work Phone: ___-___-_____

e-mail (emails are kept confidential): _____

Current Music involvement (band, choir, etc): _____

Other previous musical experience: _____

Special needs the teacher should know about: _____

Medical concerns/Allergies: _____

Medications: _____

Shirt Size: Youth S ___ Youth M ___ Youth L ___ Youth XL ___
Adult S ___ Adult M ___ Adult L ___ Adult XL ___ Adult XXL ___ Custom ___

If you have additional students please print and complete the "additional student information page".

Medical authorization

In case of accident or emergency, I give my consent for Da Capo staff to seek immediate medical assistance for my child. Adult students and parents or legal guardians of minor students waive the right to legal action for any injury sustained while at a Da Capo function resulting from any activity conducted by the students before, during, or after class time.

Photo release

I hereby give permission for images of the above named registrant captured through video, photo, and digital camera, to be used solely for the purposes of Da Capo promotional material and publications.

Refunds/returned checks:

Registration fees are non-refundable.
Partial tuition refunds may be given at the sole discretion of the executive director.
Returned checks will be charged a \$25.00 fee.
Confirmation of your registration will be e-mailed to you upon receipt.

Signature: _____ **Date:** _____

Enrollment Agreement

Da Capo Virginia Will:

- Teach students to perform both on and off the stage
- Provide excellence in music education
- Begin classes and lessons promptly
- Maintain open communications with parents and students
- Schedule makeup classes or lessons in the event of extreme weather or events beyond our control

Students will:

- Wear the Da Capo shirt to all lessons, classes, and concert events
- Be fully prepared for each lesson, class, or rehearsal
- Be prompt in attendance to all lessons and classes
- Follow the attendance guidelines as outlined on the website and by the director, notifying the teacher or director immediately if an absence is unavoidable
- Commit to completing the session and participating in all final rehearsals and concerts
- Demonstrate respect and kindness toward teachers, peers, and myself
- Demonstrate exemplary behavior during all Da Capo functions

Student Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

Parent/guardian Signature: _____ **Date:** _____

**Payment must accompany registration form.
Please make all checks payable to *Da Capo Virginia***

**Mail registration form and payment to:
Da Capo Virginia
Attention: Registration
P.O. Box 3510
Martinsville, Va 24115
(804) 432-3446**