

**DC YOUTH ORCHESTRA PROGRAM**

**REGISTRATION FORM—SPRING 2010** Beginning January 19 through May/June 2010

phone: 202-723-1612 fax: 202-723-6040 email: info@dcyop.org

mailing address: PO Box 56198, Washington, DC 20011

Student ID Number  
(returning students)

**STUDENT INFORMATION**

Please check the appropriate box:  Returning Student  New Student

Last Name: \_\_\_\_\_ First and MI: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

WARD: 1 2 3 4 5 6 7 8 (DC residents circle one)

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

School Name and Location: \_\_\_\_\_

Public  Public Charter  Private  Other (please explain): \_\_\_\_\_

Instrument(s): \_\_\_\_\_ Private Instructor: \_\_\_\_\_ DCYOP Rental:  Yes  No

DCYOP Level (A-L): \_\_\_\_\_ (if known)

Class Preference/Teacher Preference/Comments: \_\_\_\_\_

Were you referred to the program by another student?:  No  Yes (please list): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:  Male  Female

Race/Ethnicity (optional): \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

**Parent or Guardian 1**

Relationship to Student: \_\_\_\_\_

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Work Place: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Parent or Guardian 2**

Relationship to Student: \_\_\_\_\_

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Work Place: \_\_\_\_\_

Email Address: \_\_\_\_\_

I give permission for my child's name and/or photograph to be published in DCYOP promotional materials.  Yes  No

I give permission to have my child's name, address, and/or telephone number published in the DCYOP directory for distribution to DCYOP families, faculty, and staff.  Yes  No

***Please be advised that if you are a DC Public School parent, your child's name and school attending will be released to DCPS as participating in DCYOP.***

Parent/guardian signature

date signed

## TUITION AND FEES

TUITION	SPRING 2010	On or before January 2, 2010		After January 2, 2010		TOTALS
		DC Residents	Other Residents	DC Residents	Other Residents	
General Registration	Beginning, Intermediate, and Advanced Instruction (A-L) Beginning week of January 18, 2010	\$225.00	\$300.00	\$260.00	\$335.00	
Family Discount	Please subtract \$50 if this is a <u>2nd or additional</u> family member registering for the same term. (Family member defined as "same household")			Subtract \$50.00		
Financial Aid (to be completed by DCYOP staff only, as applicable.)						
Instrument Fees	Instrument Rental Fee (non-refundable)			\$50.00		
	Instrument Rental Deposit (refundable one-time fee)			\$70.00		
	Instrument Usage Fee (Percussion Levels C-L and all Harp Students, non refundable)			\$30.00		
	In-House Instrument Rental (as applicable, non-refundable)			\$30.00		
<i>Each year the DC Youth Orchestra Program spends approximately twice what similar youth music organizations charge to provide amazing musical education and enrichment to students. In addition, the program offers approximately 17 times more classes to our students. Please consider adding a donation to your tuition payment to support the program so that we can continue to keep the program accessible to all students. Please add the following amount to my total as a tax deductible donation to the DC Youth Orchestra Program.</i>						
Grand Total						

**Families:** Please complete a separate registration form for each young artist who wishes to register and submit with payment to "DC Youth Orchestra Program" or "DCYOP." Incomplete applications may delay the registration process.

**Withdrawal Deadlines:** Students who withdraw from the program by the withdraw deadline, will be eligible for a refund of all but \$40 of tuition and registration fees. **Students who withdraw after the deadline are not eligible for a refund. The withdraw deadline for Fall Semester 2009 is January 30, 2010.**

**Assistance:** For a explanation of any fees or for assistance in completing your registration form, please see a staff member or volunteer in the DC Youth Orchestra Offices, or call us at 202-723-1612. We want all children to participate, so if there are extenuating circumstances and additional financial consideration is needed, please contact us as soon as possible.

## PAYMENT INFORMATION

My check payable to the DCYOP is enclosed.

Please use my credit card for fees and tuition:

(please indicate card type) Visa MasterCard American Express Discover

Account number: \_\_\_\_\_ Verification No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## FOR DCYOP USE ONLY

<p><b>Payment</b></p> <p>\$ _____</p> <p><input type="checkbox"/> Credit Card   <input type="checkbox"/> Check or Money Order   <input type="checkbox"/> Cash</p> <p>Date Received: _____ Initials: _____</p> <p>Student ID#: _____</p>	<p>A/R Initials: _____ Date: _____</p> <p>INFO/Data entry Initials: _____ Date: _____</p> <hr/> <p><b>Class Assignment</b></p> <p>Teacher: _____ Time/Date: _____</p> <p>Level: _____</p>
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