

**CHICAGO CHILDREN'S CHOIR 2011-12  
SINGER REGISTRATION FORM**

Registration Date \_\_\_\_\_

**PLEASE PRINT CLEARLY**

Singer's Complete Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Number of Years in CCC \_\_\_\_\_

Singer Cell Phone \_\_\_\_\_ Singer E-mail \_\_\_\_\_

Mother/Guardian Cell Phone \_\_\_\_\_ Mother/Guardian E-mail \_\_\_\_\_

Father/Guardian Cell Phone \_\_\_\_\_ Father/Guardian E-mail \_\_\_\_\_

Chicago Children's Choir will compile a Singer Directory to be distributed to all singers/families at each Choir site. May we include the above information in a CCC singer directory to be distributed at the site?

\_\_\_\_\_ YES – please include all information listed above.

\_\_\_\_\_ NO – please don't include any information above.

\_\_\_\_\_ SOME – please include all information EXCEPT the following: \_\_\_\_\_

**In case of an emergency when the parent/guardian is not available, contact:**

Emergency Contact Name \_\_\_\_\_ Relationship to singer \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

**Choir (circle):**

Albany Park  
Beverly  
Concert Choir

DiMension  
Humboldt Park  
Hyde Park

Lincoln Park/DePaul  
Pilsen/Little Village  
Rogers Park

**Ethnicity:** African American    White/European    Latino    Asian American    Native American

Other (Specify) \_\_\_\_\_

**Gender:** M    F

Mother/Guardian

Father/Guardian

Name \_\_\_\_\_

Job Title \_\_\_\_\_

Work Phone \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**(Please Turn Over)**

**2011 Medical Information & Comprehensive Permission Form**  
(Please print clearly)

Medical Permission for \_\_\_\_\_

List any allergies and reactions:

Reaction examples: Hives, Abdominal pain, Anaphylaxis (child will stop breathing), Other \_\_\_\_\_

Does singer carry an EpiPen?      Yes \_\_\_\_\_      No \_\_\_\_\_

List any other physical conditions or limitations \_\_\_\_\_

List any dietary restrictions (kosher, vegetarian) \_\_\_\_\_

Singer's Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Is the singer covered by medical insurance?      Yes \_\_\_\_\_      No \_\_\_\_\_

If yes, give provider's name (i.e., BlueCross, Humana, etc.) \_\_\_\_\_

Policy number \_\_\_\_\_ Policy holder's Social Security # \_\_\_\_\_

Chicago Children's Choir cannot store or dispense medication for singers. Those who routinely take medication must be responsible for their own medicine(s). We will need to know what medication, if any, your singer uses (i.e. inhalers or any over the counter medicine like Tylenol). Please specify names of medication and the condition for which each is prescribed.

Medication \_\_\_\_\_ Condition \_\_\_\_\_

Medication \_\_\_\_\_ Condition \_\_\_\_\_

**1.** My singer has permission to carry and consume, according to prescription, the medications for the conditions listed above as well as any over the counter medications. **\*\*Please sign below\*\***

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian

**\*\*Please read each of the following statements thoroughly and sign where marked.\*\***  
**Signatures are required for #2-4.**

**2.** In the event that a medical emergency should arise and the Choir cannot reach a parent or emergency contact, I authorize Chicago Children's Choir to seek treatment at the nearest medical facility. I further authorize my singer to receive such treatment as is deemed necessary by the attending physician, including sutures, anesthesia, and surgery. I consent to pay all costs for such treatment except those that are covered by the singer's medical insurance.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian

**3.** My child has my permission to participate in assigned rehearsals, concerts, and other appearances. He/she may travel to and from said rehearsals, concerts, and appearances on transportation provided by Chicago Children's Choir.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian

**4.** Chicago Children's Choir has my permission to record on film, tape, and print, digitally or otherwise, my child's name, image, voice, rehearsals, and performance in which he/she appears for marketing purposes and public sale. I authorize the CCC and others to use this material on an unlimited basis in all media throughout the world.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian



Chicago Children's Choir
Neighborhood Choir & DiMension
Sliding Scale Fees for 2011-12

Chicago Children's Choir is an independent non-profit organization. Operating income comes from individual donations, corporate, foundation and government grants, tuition and concert fees. All singer tuition is subsidized in that the fee covers only a portion of the actual cost of instruction.

Singer Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Date \_\_\_\_\_

Please check one of the following:

Table with 2 columns: Family Income and Annual Fee. Rows include income brackets from \$22,250 and under to \$200,001 and above, with corresponding annual fees from \$50 to 995.

Please note the annual fee that your family will pay according to your family income. Proof of income must be provided to reduce tuition below \$995.

Families with more than one singer in the Chicago Children's Choir are eligible for a sibling discount. The oldest child pays the full designated sliding scale amount. All other children will receive 20% off the designated sliding scale amount. Please check below if you are eligible for this discount and list the name(s) of your children in the program:

\_\_\_\_\_ Yes, I am eligible for the Sibling Discount.

Name(s) of child(ren) in program: \_\_\_\_\_

Please detail any special circumstances that you feel would prevent you from paying the annual fee based on your family income:

Three horizontal lines for detailing special circumstances.

Total family income for 2010 tax year: Actual \_\_\_\_\_ Estimated 2011 Tax Year \_\_\_\_\_ (Form 1040, 1040A, 1040EZ)

Please attach one copy of page 1 of your 2010 Federal tax return; include any non-taxable income.

Fees may be paid in installments. Please consult the payment schedule noted on the tuition form.



CHICAGO CHILDREN'S CHOIR (CCC)
2011-12 Neighborhood Choir & DiMension Tuition

Complete the following information and please print clearly.

Singer Status (please circle): New or Returning

Singer's Complete Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Tuition: Tuition for the 2011-12 Choir year is based on a sliding scale. Payment schedule for Choir fees is below. Please select one:

One (1) payment in full, due on October 15, 2011.

Three (3) installments, due October 15, 2011, December 15, 2011, and February 15, 2012.

\*Account Statements will be mailed quarterly. Invoices will not be mailed.

Please complete the following:

Amount Paid

Music deposit (\$20.00 if applicable): \$ \_\_\_\_\_

Tuition (According to sliding scale): \$ \_\_\_\_\_

Credit Card Administrative Fee: \$3.00

Total Paid at Registration: \$ \_\_\_\_\_

For CCC Staff Only:

Check /M.O. # \_\_\_\_\_ \$

Amt. \_\_\_\_\_

Cash \$ \_\_\_\_\_

To facilitate payment, CCC accepts Visa, MasterCard, Discover, and American Express. If you are paying by credit card, a \$3.00 administrative fee will be added. Please complete the following information:

Type of Card (please circle) : VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

Please charge future tuition payments to my credit card. Yes \_\_\_\_\_ No \_\_\_\_\_