YOUTH CHOIR FALL REGISTRATION – AGES 7-14 October 17-December 19 (no choir on 10/31 or 11/28)

Fridays 3:30-4:30 pm Performance on 12/19

Legal Guardian First Name(s)	Last N	Name(s)	Name of other parent who may drop off or pick up	
Full name of Primary Contact (if different than legal guardian)			Cell Phone and Email	
Child Full Name	Gender	DOB	Grade in Fall 24	
Child Full Name	Gender	DOB	Grade in Fall 24	
Child Full Name	Gender	DOB	Grade in Fall 24	
Street Address				
City State		State	Zip Code	
Email Address				
Primary Phone	Secondary Phone			
Special Needs/Allergies? We wil	l not provide anythi	ng other than wa	ter if needed.	
How did you hear about us? <u>Tuition:</u> Tuition is \$160	(\$152 for CM	A Students (and siblings)	
PAYMENT AUTHORIZA	TION & TUITIC	N POLICY A	CKNOWLEDGEMENT	
I,	r as indicated on		by authorize Children's Music Academy to charge my card for . I understand that once the choir has started that no refunds	
Credit/Debit Card Informa	tion			
Name on Card:				
Card Number:				
Expiration Date:		Se	curity Code:	
Billing Zip Code:				

Signature for Card Authorization

Today's Date

Please drop off or email to the address below: Children's Music Academy venturain

5725 Ralston St. #222 Ventura, CA 93003 venturainfo@childrensmusicacademy.org speranzaarts.com (805) 658-6661