

Voice Lessons Interest Form: School Year 2018-19

Students from school year and summer 2018 will be given first priority (seniority will apply). After these students, returning students from previous sessions of voice will be given second priority. New students from the waiting list will be taken after these two groups are filled.

Voice lessons can be paid for according to three different payment options. Please pick your payment plan and stick to it. We commit to holding your slot for the year once it has been assigned to you. If at any time you wish to drop out you must give 2 weeks notice so we have time to fill the time slot. The teachers make a time commitment for the whole year and we commit to paying them whether you come to class or not.

Since your school activity commitments change from season to season, please look ahead at your schedule for any potential conflicts. If you know you will miss any lessons, please put the dates in writing and give to your teacher in advance. By letting her know that you will miss a lesson, she can fill your time slot with someone who needs a make-up lesson. **Unscheduled absences will not be made up.**

The cost for lessons is \$26.00 per 30-minute class. The following are the three payment options.

Tuition Total for the School Year = \$ 832.00

Full payment at registration (10% discount – expires 8/10/17) = \$ 748.80

Three Payments Due at reg., 11/1, 3/1 = \$ 277.34

10-Monthly Payments at reg., 9/1-5/1 (includes fee) = \$ 86.20

*3 and 10 payment plans must be secured on the registration form with a credit card (see registration form).

The attached page has all of the available time slots for the school year.

Please choose several time slots you would be able to take – rank them in order of preference 1st-5th. We will call around August 3rd-6th to let you know what slot you have been given. Returning students please turn this form as soon as possible, but definitely by July 25th. After returning students slots have been assigned, new students will be offered the remaining slots in the order requests were received.

PAYMENT IS DUE WITH YOUR REQUEST FORM. SLOTS WILL ONLY BE FILLED IF PAYMENT IS ATTACHED.

Voice Lessons

2018-2019 Request Form

Name: _____ Age: _____ Email: _____
 Preferred Phone to call: _____ Alt Phone: _____
 Can we text you if there are changes? Yes No Cell # to text: _____

If Yes, previous teacher(s) and years studied: _____

Voice Time Slots with Ashley Lynd

		Sa 9:00-9:30 am
_____ F 3:45-4:15 pm	_____	Sa 9:30-10:00 am
_____ F 4:15-4:45 pm	_____	Sa 10:00-10:30 am
_____ F 4:45-5:15 pm	_____	Sa 10:30-11:00 am
_____ F 5:15-5:45 pm	_____	Sa 11:00-11:30 am
_____ F 5:45-6:15 pm	_____	Sa 11:30am-12:00 pm
_____ F 6:15-6:45 pm	_____	Sa 12:00pm-12:30 pm
		Sa 12:30-1:00 pm

Voice Time Slots with Sue Kedzior

_____ M 5:45-6:15 pm	_____ Tu 3:15-3:45 pm	_____ W 3:30-4:00 pm
_____ M 6:15-6:45 pm	_____ Tu 3:45-4:15 pm	_____ W 4:00-4:30 pm
_____ M 6:45-7:15 pm	_____ Tu 4:15-4:45 pm	_____ W 4:30-5:00 pm
	_____ Tu 4:45-5:15 pm	_____ W 5:00-5:30 pm
	_____ Tu 5:15-5:45 pm	
	_____ Tu 6:00-6:30 pm	_____ W 7:00-7:30 pm
	_____ Tu 6:30-7:00 pm	_____ W 7:30-8:00 pm
		_____ W 8:00-8:30 pm
		_____ W 8:30-9:00 pm

Voice Time Slots with Cessie DeTogne

	_____ Th 4:45-5:15 pm	PAYMENT MUST BE ENCLOSED IN ORDER FOR A SLOT TO BE SECURED!
_____ M 5:30-6:00 pm	_____ Th 5:15-5:45 pm	
_____ M 6:00-6:30 pm	_____ Th 5:45-6:15 pm	
_____ M 6:30-7:00 pm	_____ Th 6:30-7:00 pm	
_____ M 7:15-7:45 pm	_____ Th 7:00-7:30 pm	
_____ M 7:45-8:15 pm	_____ Th 7:30-8:00 pm	
	_____ Th 8:00-8:30 pm	

Please return this form ASAP (by Aug. 9th at latest for returning students). Slots will be filled by priority in the order received. Slots will be opened to new students starting around August 13th. Please call 847-639-3800 if you have questions.

Please turn this form in with a general registration form. If you are taking other classes you can use one form.

CARY-GROVE PERFORMING ARTS CENTRE (CGPAC)
 21 Jandus Rd, Cary, IL 60013 www.CGPAC.com (847) 639-3800 or scan and email to CGPAC1@gmail.com

Family Name: _____
 (Adult First) (Last) (Street Address)

 (Preferred Phone Number) (City) (State) (Zip)

 (Alternate Phone) (E-mail Address)

Choose Your Tuition Plan:

- One Annual Payment (10% discount) due at registration, OFFER EXPIRES 08/9/18
- 3-Payments — due: 1.) at registration, 2.) November 1 and 3.) March 1 — swipe card or pay with check AND fill out credit card / checking account information form (see reverse) *Sign here* _____
- 10-Monthly Payments – due: at registration, 9/1, 10/1, 11/1, 12/1, 1/1, 2/1, 3/1, 4/1 and 5/1 — swipe card or pay with check AND fill out credit card / checking account information (see reverse) *Sign here* _____

Please note all payments are due BY the due date. All late payments will be assessed a \$10 per week late fee. In case of late payments (after 15 days) or NSF checks, the credit card or checking account listed on the back of this form will be charged for the past-due tuition and any applicable late/NSF fees. The above signature validates this agreement. Sign up for ACH checking or credit card auto-pay to avoid late fees.

Parent Handbook Signed? _____ **Signed up to volunteer?** _____

Participant	Class Name	ID Code	Class Day	Cast	Birthdate	Gender	Tuition Payment (amount due now)

Total Tuition due Upon Registration: \$ _____

Please make checks payable to: CGPAC

New Family? If yes, please add \$25.00 registration fee: \$ _____

Dance and Swing Choir Refundable Family Work Fee: \$ 25.00
 (see brochure for full explanation of this fee)
 Less any account credits: <\$ _____ >

Amount of future payments: \$ _____

Total Payment Enclosed Today: \$ _____

Due date of next payment: ____ / ____ / ____

Checking /Credit Card Authorization Form

CARY-GROVE PERFORMING ARTS CENTRE (CGPAC)

21 Jandus Rd, Cary, IL 60013 www.CGPAC.com (847) 639-3800 scan and email: CGPAC1@gmail.com

Unless tuition is paid in full, please fill out the credit card information below (even if setting up checking or savings draft). Credit cards WILL NOT automatically be charged unless you fill out and sign the bottom half. This credit card will only be used as a back-up payment in the case of non-payment. If accounts are more than 15 days past due, the tuition plus late fees will be processed on this credit card account. You will be notified before your credit card is charged.

Visa Mastercard American Express Discover

Card Number: _____ Expiration: ____/____ 3 Digit Code: _____ Date: _____

Name on Card: _____ Billing Zip Code _____ Signature: _____

To sign up for **the Automatic Payment Plan via checking, savings, or credit card account**, fill out the information below. Payments will be drafted between the 1st and 5th of each payment month. There is no cost to you for this service.

Choose your Automatic Payment Plan: Checking Savings Credit Card

Family Name: _____
(Adult First) (Last) (Street Address)

(Preferred Phone Number) (City) (State) (Zip)

(Name(s) of students) (E-mail Address)

Checking Savings (please circle which) # _____

Financial Institution Name: _____ Routing # _____

OR For Credit Card Auto-payments please fill out account information at the top of the page.

I hereby authorize the Cary-Grove Performing Arts Centre to debit my account the amount and dates below:

\$ _____ November 1, 2018 and March 1, 2019

\$ _____ September 1, October 1, November 1, and December 1, 2018 and January 1, February 1, March 1, April 1, and May 1, 2019.

(authorized account holder signature) (today's date)

***Attach savings deposit slip or void check if not presenting check today**