



PLEASE FILL OUT BOTH PAGES OF THIS FORM AND SUBMIT ONE FORM PER NEW REGISTRANT

REGISTRATION INFORMATION:

SUBMISSION DATE: _____

Registrant	First Name	M.I.	Nickname	Last Name
	Age		Gender	
	School & Grade			
	Other Musical Experience			
Parent/Guardian	First Name	M.I.	Nickname	Last Name
Street Address				
City/State/Zip				
Home Phone #				
Cell Phone #				
Email Address				
Name(s) of other family members registered with the Da Capo Institute				
How did you hear about us? (Banner, Newspaper, Online, Friend, etc.)				

Any Medical Concerns/Allergies?		
Medications		
Emergency Contact Information	Name	Phone #

TUITION:

Fall & Summer Semesters are a 10 week schedule, Winter/Spring is a 15 week schedule.

- PRIVATE INSTRUCTION (10 week)– \$300
- PRIVATE INSTRUCTION (15 week) – \$450
 - Voice Piano Organ Instrument (_____)

- GROUP INSTRUCTION (10 week)– \$150
- GROUP INSTRUCTION (15 week)– \$225
 - _____ (group name)
- VIVO (10 week)– \$200; (15 week)-- \$300
For music students with special needs.

ALL Group instruction is scheduled by location and demand. Enrollment minimums do exist (according to Da Capo policies by location and by offering) and class cancellations will be handled as required. In the case of cancellation, a full refund will be made.

PREFERRED LOCATION: _____

TOTAL TUITION & FEES INCLUDED: _____

FEES:

LATE REGISTRATION - \$20

REGISTRATION – \$30 one-time fee
Includes Da Capo Shirt (indicate size below)

Youth: S M L XL

Adult: S M L XL

XXL Custom

- DISCOUNT – 10%
 - Additional Family Member
 - More Than One Offering

- DISCOUNT – 15%
 - Multiple Semester Registration, please indicate sessions below
 - _____
 - _____

- DISCOUNT – 20%
 - Membership at Facility Partner
 Facility: _____

Huguenot Road Bapt, River Road Pres. , Bon Air Pres.

TOTAL DISCOUNT: _____



- **MEDICAL AUTHORIZATION**

IN CASE OF ACCIDENT OR EMERGENCY, I GIVE MY CONSENT FOR DA CAPO STAFF TO SEEK IMMEDIATE MEDICAL ASSISTANCE FOR MY CHILD.

- **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:**

PARTIAL REFUNDS MAY BE GIVEN AT THE SOLE DISCRETION OF THE EXECUTIVE DIRECTOR. RETURNED CHECKS WILL BE CHARGED A \$25.00 FEE.

SIGNATURE

DATE

PAYMENT MUST ACCOMPANY REGISTRATION FORM

PLEASE MAKE ALL CHECKS PAYABLE TO DA CAPO INSTITUTE

MAIL REGISTRATION FORM AND PAYMENT TO:

**DA CAPO INSTITUTE
ATTENTION: REGISTRATION
P.O. Box 74264
RICHMOND, VA 23236
(804) 432-3446**

Office Use Only							
Offering	Faculty Assignment	Check Number	Check Amount	Date Received	Date Deposited	DCRIS Number	Notes