



# CENTRAL COAST CHILDREN'S CHOIR CHORISTER FINANCIAL INFO FORM

January - May 2018

Please fill out all information requested below. Please print legibly. Thank you!

**SINGER'S NAME:** \_\_\_\_\_

**Parent/Guardian #1 Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Parent/Guardian #1 Address:** \_\_\_\_\_

**Parent/Guardian #1 Email Address:** \_\_\_\_\_

**Parent/Guardian #2 Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Parent/Guardian #2 Address:** \_\_\_\_\_

**Parent/Guardian #2 Email Address:** \_\_\_\_\_

Which parent is financially responsible for payment of CCCC costs?  Both  Parent/Guardian #1  Parent/Guardian #2  
 Other **If parents are not financially responsible, who is?** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

*Please circle your child's choir group and select payment plan for the year:*

CHOIR GROUP	1-Payment Plan Due @ Registration	2-Payment Plan Due @ Registration & Mar 10th
<i>Debut</i>	\$335	2 x \$180
<i>Young Men's Ensemble</i>	\$365	2 x \$195
<i>Apprentice</i>	\$395	2 x \$210
<i>Concert</i>	\$505	2 x \$265
<i>AVE</i>	\$600	2 x \$310

***For the 2-Payment Plan, you must supply a credit or debit card number below. No cash/checks.***  
*Sibling discount for each chorister: \$50 CC & AVE / \$25 all other choirs. AVE price includes tuition for Concert Choir.*  
*Bounced check fees will be billed to Parent.*

## TUITION

**Tuition** (As per selection above - due at time of registration) + \_\_\_\_\_

**Sibling Discount** (\$25 or \$50 discount for each chorister) - \_\_\_\_\_

**\$100 Volunteer fee per family** + \_\_\_\_\_  
 (optional to pay in lieu of volunteering 7 hours during the year)

**TOTAL =** \_\_\_\_\_ **Amount paid today** \_\_\_\_\_

**Method of Payment:**

- Cash** (please put in clearly marked envelope with name)
- Check** payable to CCCC (Ck # \_\_\_\_\_ Date received \_\_\_\_\_)
- Credit/Debit Card** (Visa/MC/Discover/AMEX) Card # \_\_\_\_\_ Exp \_\_\_\_\_  
 Name on Card \_\_\_\_\_ 3-digit Security Code \_\_\_\_\_

I authorize CCCC to initiate electronic payments for the selected payment plan to my credit/debit card account.

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

Scholarships available based on financial need – please ask staff for an application.

**FOR OFFICE USE ONLY:** COPIES TO  Finance Manager  Parent

1-4-18