



Chorus Angelicus & Gaudeamus

THE CHORAL GROUPS OF JOYFUL NOISE, INC. A CONNECTICUT NON-PROFIT ORGANIZATION

2020/2021 Registration Form

How did you hear about us? _____

Referral Name: _____

Family Last Name: _____

Home Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home or Primary Phone: () _____

Contact #1

First Name: _____ Last Name: _____

Home Phone: () _____

Work Phone: () _____

Cell Phone: () _____

Email: _____

Employer: _____

Does your employer offer a matching payment donation program? Yes No

Would your employer be interested in advertising in our Christmas Angelicus Program? Yes No

Contact #2

First Name: _____ Last Name: _____

Home Phone: () _____

Work Phone: () _____

Cell Phone: () _____

Email: _____

Employer: _____

Does your employer offer a matching payment donation program? Yes No

Would your employer be interested in advertising in our Christmas Angelicus Program? Yes No

Emergency Contact Info (not contact #1 or #2):

First Name: _____ Last Name: _____

Phone Number: () _____

Chorister's First Name: _____

Last Name: _____

Birthdate: _____ Age: _____ Grade: _____

School: _____

Chorister's Email: _____

Disabilities (leave blank if none): _____

Medications (leave blank if none): _____

Allergies (leave blank if none): _____

Pediatrician: _____

Circle the Choir Chorister will be Enrolling Into:

Angels in Training Advanced Angels Junior Choir Senior Choir

Junior and Senior Choristers please contact the office to schedule an audition if you have not done so already!

2nd Chorister's First Name: _____

Last Name: _____

Birthdate: _____ Age: _____ Grade: _____

School: _____

Chorister's Email: _____

Disabilities (leave blank if none): _____

Medications (leave blank if none): _____

Allergies (leave blank if none): _____

Pediatrician: _____

Circle the Choir Chorister will be Enrolling Into:

Angels in Training Advanced Angels Junior Choir Senior Choir

Junior and Senior Choristers please contact the office to schedule an audition if you have not done so already!

3rd Chorister's First Name: _____

Last Name: _____

Birthdate: _____ Age: _____ Grade: _____

School: _____

Chorister's Email: _____

Disabilities (leave blank if none): _____

Medications (leave blank if none): _____

Allergies (leave blank if none): _____

Pediatrician: _____

Circle the Choir Chorister will be Enrolling Into:

Angels in Training Advanced Angels Junior Choir Senior Choir

Junior and Senior Choristers please contact the office to schedule an audition if you have not done so already!

Publicity Release:

I authorize Joyful Noise, Inc. to use this chorister's name and photograph in publicity and press material relating to the choirs of Chorus Angelicus.

Signature: _____

Release of Liability:

In the unlikely event that my child(ren) become(s) ill or is injured and I or the authorized physician cannot be contacted immediately at the time of the emergency, and if in the judgment of the staff of Chorus Angelicus, immediate observation or treatment is necessary, I authorize and direct the staff of Chorus Angelicus to take my child (properly accompanied) to the hospital or physician most easily accessible. I release Chorus Angelicus (administered by Joyful Noise, Inc.), its employees, and agents from any claim of liability in connection therewith.

Signature: _____

Payment Policies:

Joyful Noise, Inc. is a small non-profit organization operating on as cost efficient a basis as possible. While the largest portion of our operating budget is contributed by individual donors and state and private foundations, tuition does amount to a significant percentage of our annual income. Planning, purchases and choir director retention are based on enrollment figures and tuition commitments at the beginning of each season and as such Joyful Noise is unable to refund any or all tuition dollars due to early withdrawal of a chorister from the program. By signing below, I hereby acknowledge I understand that full or partial refunds of tuition costs will not be awarded due to early withdrawal of a chorister from the program.

- ☐ I would like to pay full tuition to receive a \$50 discount
- ☐ I would like to pay monthly tuition installments by CASH CHECK ONLINE (circle one)
- ☐ I am including a \$50 non refundable ENROLLMENT FEE (\$35 if entered before July 15, 2020)
- ☐ Please send me a Financial Aid Application! (No child will be turned away due to financial hardship.)
- ☐ (For Junior/Senior Choristers ONLY) I am including a refundable \$50 Robe Deposit for the use of my chorister's robe and understand that in order to retrieve my deposit, I will return the robe at the end of the season, after I have cleaned it.

Signature: _____