



South Kitsap
Home School Strings
Registration

September 2018 – May 2019
First Christian Church, Port Orchard, WA

Parent(s)/Legal Guardian(s) Names: _____

Mailing Address: _____

Phone: _____

Home

Cell

Other (work, student cell, etc.)

Email address: _____

Student email (if desired): _____

Emergency Contact: _____

Name Relationship

Phone Number

Children enrolling in Home School Strings Program:

(If child is taking more than one class, please list each on a separate line.)

Name	Age	Date of Birth	Instrument	HSS Class, if known, or years of musical experience on string or other instruments (please list each instrument and years of experience)	Returning Student

Additional Information (if applicable):

Child Medical Problem/Allergy/Etc.

(Please turn over and continue on the back)

FEES (Make checks out to HOME SCHOOL STRINGS):

2018-19 School Year Program:

_____ Yearly payment:

Early Registration

Late Registration

Payment by 8/29

Payment by 10/1

1 child \$180

1 child - \$210

2 children \$360

2 children - \$410

3 children + \$520

3 children + \$610

Monthly payment: **\$25 per child due at the beginning of each month (10 months).**

_____ **Bow buddy deposit: \$30** for each beginning student – ALL beginning violin and viola students must have a bow buddy at camp and/or during the first part of the school year. Deposit will be refunded when teacher decides the student no longer needs it and it is returned.

_____ **Music notebook fee: \$10** for each additional class for students taking more than one class during the school year

_____ **Total payment** Date of payment _____ Check # _____ Cash _____

CONSENT FOR MEDICAL TREATMENT: As the parent or legal guardian of the above-named child(ren), I give my consent for emergency medical care prescribed by a fully licensed physician or dentist. This care maybe given under whatever conditions are necessary to preserve the life, limb, or well-being of my child(ren).

RELEASE OF LIABILITY: I hereby release, discharge, and/or otherwise indemnify and hold harmless Home School Strings and its representatives from any claim, damage, cost or liability by or on behalf of the registrant(s) as a result of participation in the Home School Strings Program at any location.

DAMAGES: I agree to be solely responsible for the instrument(s) in my child’s possession, for any maintenance and repairs of that instrument, whether owned or rented. I agree to cover the costs of repair or replacement of an instrument damaged or destroyed due to my child’s actions.

INSTRUMENTS: All incoming instruments will be inspected prior to class to ensure its ability to be tuned. Instruments that will or cannot hold their tuning will need to be fixed/repaired or upgraded.

SIGNATURE OF PARENT/GUARDIAN:

_____ Signature _____ Date

Please mail registration form and check to:

Kimberly Adams c/o First Christian Church, 4885 SW Hovde Rd., Port Orchard, WA 98367