



**TUITION/ PARENT VOLUNTEER AGREEMENT**  
**Choir Year 2017-2018**

Chorister Name(s)\*: \_\_\_\_\_

I select the following payment option: ***Please check (1) one option only***

<input checked="" type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Semester (fall/spring)	<input checked="" type="checkbox"/> Annual
ABC \$50	ABC \$192/ \$240	ABC \$432
Piccolini \$60	Piccolini \$232 / \$290	Piccolini \$522
Grazioso \$75	Grazioso \$292 / \$365	Grazioso \$657
Spirare \$98	Spirare \$384 / 480	Spirare \$864

**\*Multiple students in one family?** 2nd and subsequent children receive a **30% tuition discount**.

**Annual Payment: Early payer discount.** Deduct 5% from payments made prior to 1<sup>st</sup> day of choir.

**Semester Payment:**

**Fall Semester:** September – December, due by the 1<sup>st</sup> day of choir.

**Spring Semester:** January – May, due January 1.

**Monthly** - Billed the 15th of each month for the following month.

Semester and monthly payments will be assessed a late fee of **\$5** if not received by the 1<sup>st</sup> of the month.

**Volunteering and Fundraising** SAYC works to keep tuition levels affordable. Tuition accounts for less than 40% of our budget. We rely on families to support us by volunteering their time (**5 hours per semester**) and participating in our fundraisers. Please complete the volunteer information on the reverse and sign up as opportunities become available.

**Payments may be made by check, cash or Visa/MC.** You may use the online payment option on our website or set-up bill pay through your bank. All Visa/MC payments will be charged an additional 3% to cover processing.

- Bill me for a one-time Annual Fund donation of \$\_\_\_\_\_ or add \$\_\_\_\_\_ to my monthly dues.
- I am unable to help with parent volunteer duties. Bill me for Volunteer Opt-Out Fee of \$50.
- Please send me information about becoming a member of the SAYC Board of Trustees.

**I am aware that tuition accounts must be paid in full for students to participate in any SAYC activity (rehearsals, concerts, etc)** I understand that uniform fees are not included in this amount and will vary depending on choir level.

I agree to the above terms and conditions and will make payments according to the plan selected above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Email my statement to:** Email address: \_\_\_\_\_

**Complete and return form to:**  
SAYC 411 S. Washington St., Spokane WA 99204 Tel: 509-624-7992 Fax: 509-624-8028  
[office@SAYChoirs.org](mailto:office@SAYChoirs.org)

## Parent Volunteer Information

### 1. Volunteer Background Check

I authorize the Spokane Area Youth Choirs to complete a Washington State Patrol Background check for crimes against persons, for the purpose of serving as a volunteer with SAYC.

### 2. Confidentiality

I may have access to, or be asked to work with, information relating to the Spokane Area Youth Choirs or its staff or members, including but not limited to health, financial, or personal/family information. I understand that I have a responsibility to keep this information confidential, and to use it only for the purposes for which it has been provided.

### 3. Release

I hereby release and discharge the Spokane Area Youth Choirs, its agents, directors, and volunteers who participate in or conduct activities on behalf of the Spokane Area Youth Choirs from all claims, demands or actions which my heirs, executors, administrators or assigns may have, against the Spokane Area Youth Choirs, its successors or assigns, for all personal injuries, known or unknown, to myself and injuries to property, real or personal, caused by or arising directly or indirectly out of any volunteer activities in which I participate which are conducted by the Spokane Area Youth Choirs, including, but not limited to, scheduled activities, rehearsals, and performances.

PARENT Full name:

\_\_\_\_\_

Last                                      First                                      Middle                                      Date of Birth

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

Skills, volunteer job preferences:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form is valid for two years from the date signed, at which time you will be asked to complete a new release.

PARENT Full name:

\_\_\_\_\_

Last                                      First                                      Middle                                      Date of Birth

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

Skills, volunteer job preferences:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form is valid for two years from the date signed, at which time you will be asked to complete a new release.