



MODESTO SYMPHONY YOUTH ORCHESTRA

REGISTRATION & MATERIALS

2016-17 SEASON

Dear MSYO Members and Families,

Welcome to the 2016-17 Season of the Modesto Symphony Youth Orchestra! Please review the contents of this packet carefully and submit all registration requirements by August 31, 2016.

Your Email is MSYO's primary means of communication and distribution of information throughout the season. It is essential to provide an accurate and reliable email for contact. Thank you!

TUITION, REGISTRATION FORMS AND FINANCIAL AID PAPERWORK

Please review the following materials:

1. Member Handbook - Please read the Handbook carefully for updates and season changes.
2. Registration Forms - 4 Pages
Please complete this packet no later than August 31, 2016. There is a \$15 registration fee per family due with your registration.
Annual tuition is \$400 per student. Siblings will receive a 20% discount after the first student's tuition is paid. Tuition is due no later than Wednesday, September 28, 2016.
3. Financial Support Application - optional (*additional documentation is required-see page five for more information*)
4. Season Calendar - Look over this carefully! MSYO members are expected to commit to all events and activities. Please review our calendar and notify us of any conflicts ASAP.

Sincerely,

Lyndsey Enoki
MSYO Manager

IMPORTANT DATES TO REMEMBER

Registration Deadline
Wed. August 31, 2016

**TUITION (\$400) Deadline
& Financial Aid
Documents(optional)**
Wed., Sep. 28, 2016

**MANDATORY PARENT
MEETINGS**
Wed., September 7, 2016 - 6:30PM
Wed., January 11, 2017 - 6:30PM
CSUS Music Department

MSYO 2016-17 SEASON CONCERTS

MSYO Season Opening Concert
Sat., November 12, 2016 - 2PM

MSYO Side by Side with MSO
Fri., February 10, 2017 - 8PM
Sat., February 11, 2017 - 8PM

MSYO Spring Concert
Sat., February 11, 2017 - 2PM

MSYO Education Concert
Wed, March 8, 2017 - 9AM-12PM
Thurs, March 9, 2017 - 9AM-12PM

MSYO Season Finale Concert
Sat., May 13, 2017 - 2PM

FUNDRAISERS
Picnic at the Pops!
Sat., Sep. 10, 2016
**Spaghetti and Symphony
Fundraiser - Mar 18, 2017**

MAIL PAYMENT, REGISTRATION MATERIALS & FORMS TO:

MSYO
911 Thirteenth Street
Modesto, CA 95354

Phone: (209) 523-4156 x 101
Fax: (209) 523-0201
lenoki@modestosymphony.org

* Please keep a copy for your records



Modesto Symphony Youth Orchestra Membership Acceptance & Agreement Form

Form 1 of 4
Complete and return to
MSYO by Sep. 28, 2016

Congratulations, on your acceptance into the Modesto Symphony Youth Orchestra for the 2016-17 Season! By signing the following you agree to accept your position in the MSYO, and acknowledge the following:

MEMBER NAME: _____

MSYO ENSEMBLE: Concert Orchestra
 Symphony Orchestra

As a member of MSYO, I agree to contribute my best effort, and to:

- Arrive at regular rehearsals by 4:15 PM
- Come to special rehearsals and performances on time
- Wear clean and proper attire to performances
- Pay attention to the conductor, assistant, or adult chaperone in charge
- Learn the assigned music for rehearsals, and bring my music and pencil
- Notify MSYO Manager via email 24 hours prior to the rehearsal if I will be late or absent
- **Notify the MSYO Manager via email the first rehearsal of a set if I must miss a dress rehearsal or concert**
- Be respectful of the beliefs and property of others
- Obey rules about eating, drinking and cleaning up at rehearsals and performances
- Check my email frequently for rehearsal repertoire and schedule updates
- Appear in all scheduled performances
- I understand that at the discretion of MSYO I may be dismissed from the MSYO program for inappropriate behavior or attendance issues
- Fulfill or pay off the required family Volunteer hours per season
- I have read and understand the Member Handbook

Member Commitment

I accept membership into the Modesto Symphony Youth Orchestra and will abide by the standards and rules for membership as stated above and in the Member Handbook.

Member Signature _____

Date _____

Member Email: _____

Parent/Guardian Signature _____

Date _____



Modesto Symphony Youth Orchestra Membership Authorization Form

Form 2 of 4
Complete and return to
MSYO by Sep.28, 2016

MEMBER NAME: _____

Parent, please INITIAL ALL BLANKS:

I authorize MSYO's use of photographs, audio and video recordings of my child for promotional and other business purposes (initial) _____

I give permission for my child to travel by private and/or commercial vehicles to MSYO events, as selected by MSYO (initial) _____

If there is a medical emergency involving my child and I cannot be reached immediately, I hereby give permission to MSYO to authorize medical treatment, including but not limited to first aid, x-rays, and other tests. I also give permission to the physician selected by MSYO to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named above (initial) _____

I understand MSYO Tuition is \$400. Tuition includes all rehearsals, concerts, a rehearsal retreat, participation in MSYO's Picnic at the Pops concert on September 10, 2016 and STRINGS: Spaghetti and Symphony on March 18, 2017 (initial) _____ See note on Form 4.

I have read this document and agree to pay tuition for the 2016-17 Season. I understand it is due by September 28, 2016 See note on Form 4. (initial) _____

I understand that my attendance is required at the Mandatory Parent Meeting on Wednesday, September 7, 2016 and Wednesday, January 11, 2017 at 6:30 PM at CSUS Music Department (initial) _____

I understand that my child is expected to participate in all MSYO events for the season. (initial) _____

I understand that refunds will only be distributed as per our Tuition Policy outlined in the handbook. I understand that in order for my child to derive the maximum benefit from MSYO and to maintain high musical standards, it is mandatory that my child attend ALL rehearsals, concerts, and the retreat except in the case of illness and religious holidays, and will notify MSYO of absence in advance (initial) _____

Parent/ Guardian Name (please print) _____

Parent/ Guardian Signature _____ Date _____

Please return this form to: MSYO, 911 Thirteenth Street, Modesto, CA 95354.

Questions? Lyndsey Enoki, MSYO Manager: lenoki@modestosymphony.org or 209-523-4156 x101



Modesto Symphony Youth Orchestra Health Information Form

Form 3 of 4

Please complete the following information.

MEMBER NAME: _____ **BIRTH DATE:** (mm/dd/yyyy) ____/____/____

PARENT/ GUARDIAN NAME: _____

PRIMARY EMAIL FOR CONTACT: _____

ADDITIONAL PARENTEMAIL(S): _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PH: _____ **CELL PH:** _____ **STUDENT CELL:** _____

Please list any allergies, health challenges or ailments the MSYO leadership should be aware of
(use back page if necessary):

Please indicate your child's dietary preference/needs, if any (vegetarian, vegan, gluten-free, etc.):

MEDICAL INSURANCE COMPANY: _____

POLICY NUMBER: _____

PRINCIPAL INSURED: _____

**PRIMARY DOCTOR NAME
& CONTACT NUMBER:** _____

I certify the above information is true and correct to my knowledge.

Parent/ Guardian Name (please print) _____

Parent/ Guardian Signature _____ Date _____



Modesto Symphony Youth Orchestra Tuition Payment and Volunteer Hours Agreement From

Form 4 of 4
Complete and return to
MSYO by Sep.28, 2016

MEMBER NAME: _____

1 TUITION:

MSYO tuition is \$400 per year. Families with more than one child participating in any given year will receive a 20% sibling discount after the first full tuition. Although participation in MSYO is a yearlong commitment and the tuition must be paid in full by **Sep.28,2016**, families may request a payment plan by contacting Dorothy Brummel, MSO Director of Finance at (209) 523 4156 x106.

ENCLOSED IS MY PAYMENT FOR: *(check all that apply)*

- Full Tuition Payment (\$400)
- Full Tuition Payment with applied 20% Sibling Discount (\$320)

FINANCIAL AID *(optional)*

A limited amount of financial aid based on need is available.

Financial aid requests will be reviewed in the order they are received. Due date: September 28, 2016

- (Optional)* I would like to request a financial aid application for the MSYO 2016/17 Season

2 VOLUNTEER HOURS:

Tuition covers only a fraction of our costs. To keep tuition as low as possible, each family (one parent per family) is asked to volunteer a minimum of 6 hours or provide equivalent services. Volunteer opportunities will be announced at the beginning of the season and as they arise during the year. Some examples: chaperones, backstage concert supervision, check in, post- concert reception set up, etc.

- (Optional)* I am unavailable to volunteer during MSYO 2016/17 Season, but I am including an additional payment of \$60 as substitution for the required hours.

I understand that this payment is not substitution for students and families' participation in the two major fundraisers Picnic at the Pops and Strings: Spaghetti and Symphony.

Parent/ Guardian Name (please print) _____

Parent/ Guardian Signature _____ Date _____

Checks should be made payable to MSYO. Please specify if are including the the extra \$60 on your check.



Modesto Symphony Youth Orchestra

Application for Financial Support (Optional)

Please complete the following and return to the Modesto Symphony Orchestra, attention MSYO Manager together with the required letter of need as well as a letter of recommendation from a music teacher.

MEMBER NAME: _____ BIRTH DATE: (mm/dd/yyyy) ____/____/____

PARENT/ GUARDIAN NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PH: _____ CELL PH: _____

E-MAIL: _____

1 A limited amount of financial aid based on need is available. Financial aid requests will be reviewed in the order they are received.

- I would like to request partial financial aid for the MSYO 2016/17 Season
Amount requested \$ _____
- I would like to request full tuition financial aid for the MSYO 2016/17 Season

2 **ENCLOSED WITH MY APPLICATION:**

- Letter of need
- Recommendation Letter from Music Instructor

I certify the above information is true and correct to my knowledge. I understand I may be contacted for additional information or clarification.

Parent/ Guardian Name (please print) _____

Parent/ Guardian Signature _____ Date _____