

First Colony Homeschool Ensembles Registration 2018-2019		Date Submitted:	
Family Information:			
Parent Name(s):		Mobile Phone	
Church Affiliation (optional)		Home Phone	
Mailing Address		Email Address (check frequently – ALL correspondence will be through email)	
Student Information:			
Name (First, Middle Initial, Last)	Student email address/phone (optional)	Grade	Age
			CIRCLE CLASS NAMES
			Orchestra Choir (Treble/Jubilate) Handbells <i>for Jubilate – circle voice part (if known): S A T B</i>
			Orchestra Choir (Treble/Jubilate) Handbells <i>for Jubilate – circle voice part (if known): S A T B</i>
			Orchestra Choir (Treble/Jubilate) Handbells <i>for Jubilate – circle voice part (if known): S A T B</i>
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Fees:			
		Number	Amount
Registration Fee (Yearly Per Family) Before June 30: \$30 After June 30: \$50 Joining After Jan 1: \$50 <i>Registration fee is due at registration and is non-refundable</i>		1	\$30 or \$50
Yearly Tuition and Supplies (first two classes per family) # Classes up to two: _____ @\$320 per class			x \$320
Yearly Tuition and Supplies (third and fourth classes per family) # Classes: _____ @\$240 per class			x \$240
Yearly Tuition and Supplies (additional classes over four per family) # Classes: _____ @\$180 per class			x \$180
Total Fees and Tuition/Supplies			
Payment Schedule	To Register:	Registration Check List:	Office Use Only:
Registration fee is due at time of registration. Tuition/Supplies are due in two installments: half by the first class of the fall semester, half by the first class of the spring semester.	1. Complete this Registration form, Medical Release, Church Release, and Guidelines form. 2. Make checks payable to FCHE. 3. Return forms and registration fee to: First Colony Homeschool Ensembles P.O. Box 351 Sugar Land, TX 77487	___ I have included an email address. ___ I have circled classes for each student. ___ I have enclosed the proper registration fee. ___ I have signed and enclosed the FCHE Guidelines and three Release forms. ___ I have or will acquire FCHE concert wardrobe.	Date Received: _____ Check # _____ Check Amt. _____ Check Date _____