



June 15, 2011

Dear VYCW parents,

Congratulations on your child's placement in the Vermont Youth Chamber Winds for the 2011-2012 concert season! To mark our first full season led by Music Director Jeff Domoto, we are developing exciting additions to our music education programs, plus new training and performance opportunities for the VYOA's 500 young musicians.

Enclosed you will find your 2011-2012 registration packet, as well as tuition and participation contracts. **Please return your completed registration paperwork and VYCW tuition and participation contracts by July 6, 2011, along with the tuition due according to the payment option you have selected on the tuition contract, or application for financial aid.**

Please read and complete all pages carefully as several important changes have been made, specifically regarding the tuition payment process. This season, the VYOA is offering two payment schedule options. Each option is described in the enclosed tuition contract.

As shown since his arrival in February, Jeff has tremendous enthusiasm for both nurturing and challenging young musicians, as well as building community throughout the entire VYOA. Your child will experience many exciting enhancements to their ensemble program during the 2011-2012 concert season. These enhancements include:

- A series of "instrument days" (e.g. "Oboe Day") with workshops, master classes and instrument choirs open to the entire musical community
- Involvement in the creation of new works
- Increased workshop opportunities
- Social and family events at the Elley-Long Music Center at Saint Michael's College

Please understand that tuition is budgeted to cover just 50% of the VYOA's annual operating expenses. We rely on grants, corporate sponsorships, ticket and merchandise sales, building rentals and individual contributions to cover our remaining expenses. Please encourage anyone with an interest in youth music activities to become a VYOA supporter!

Being a VYCW member is a full family commitment. Behind each of our students is a network of parents, teachers, and friends making their experience possible. As we look forward to a wonderful concert season, please know that my door is always open. Feel free to stop in and discuss your questions, suggestions, and concerns. The staff and Board of the VYOA are committed to working with you to ensure the long-term sustainability of the VYOA.

Respectfully,

A handwritten signature in black ink, appearing to read 'Randy Rowland', written in a cursive style.

Randy Rowland  
Interim Executive Director

## VYCW REGISTRATION

**Registration Deadline:** July 6, 2011

**How to complete your VYCW Registration:** Print out both the Info Packet & the Registration Packet. You must return the Tuition Contract, VYOA Participation Contract, Media Consent, Medical Form, and Theory Registration (optional) to the VYOA office along with your tuition payment or Financial Aid paperwork **by July 6**. *Please contact [Berta Frank](#) as soon as possible if you are not going to participate this year or if you have any questions regarding the rehearsal schedule or concert dates.*

**Tuition contract:** This offers payment options for the entire 2011-2012 VYCW season. If you have any questions regarding tuition or Financial Aid please contact **Ale Lorenzo** at 655-5030 x100.

**VYOA Participation Contract:** Expectations for VYOA students are detailed here. Parent and student signatures are required.

**Music Theory Tuition Form:** Music Theory is an optional elective for all students. Please use this form to register for one or two semesters and include payment. If paying my check, please include a separate check for Music Theory. If paying by credit card, music theory will be a separate charge from ensemble tuition.

**What is the Media Consent Form:** Due to the nature of publicizing and advertising Vermont Youth Orchestra Association concerts, activities and special events, the VYOA interacts frequently with media representatives from television, radio and print publications. Students may be invited to speak with a member of the media for the sole purpose of promoting a specific concert or event. A student is never permitted speak to a member of the media without supervision from Marketing Director, Lisamarie Charlesworth. Please mark whether or not you approve of your child being included the VYOA's media & public relations practices.

**What is the Medical Form:** The VYOA is obligated to have on hand signed Medical Forms for all VYOA students in the event that we need to seek medical assistance for your child during any rehearsal, camp, or off-campus event (such as a concert at the Flynn) when a parent is not present. It is also very helpful to the VYOA Staff to be aware of any medical conditions that might affect a students' behavior or ability to participate in other activities. Information on Medical Forms is kept confidential & shared only with necessary VYOA staff.

**Communication between the VYOA & students:** The bulk of our communication with all VYOA families is via email. Often times this means mass emails which sometimes end up in spam/ junk email folders. We urge all VYOA families to keep us updated with their email addresses & to check their spam / junk folder regularly for any VYOA emails.



## Tuition Contract – VYCW 2011-2012

Please return this entire packet **no later than July 6, 2011** to:  
Vermont Youth Orchestra Association, 223 Ethan Allen Ave, Colchester, VT 05446

Parents or guardians must complete and sign this Enrollment Contract and return to the VYOA office by July 6<sup>th</sup>, 2011. A copy of the signed contract along with a summary of your tuition payment plan will be mailed to you.

The Vermont Youth Orchestra Association agrees to enroll \_\_\_\_\_  
for the 2011-2012 concert season.

In consideration of the acceptance of this Tuition Contract by the Vermont Youth Orchestra Association, the undersigned agrees to pay the required fees as specified below.

I understand that my obligation to pay the fees for the full concert season is unconditional and that after my child's first rehearsal, no portion of fees paid or outstanding will be refunded or cancelled in the event of absence, withdrawal, or dismissal from the organization of the above student.

**Please choose and initial one of the following payment options by initialing below**  
***If applying for financial aid, please proceed to the next page***

|  |
|--|
| <p><b>Tuition Option #1:<br/>Payment in full</b></p> <p>Discounted price (3%)<br/>for payment by check:<br/><b>\$350</b></p> <p>Payment by credit card*:<br/><b>\$361</b></p> <p><i>Due date: July 6, 2011</i></p> <p>Initial: _____</p> |
|--|

|   |
|---|
| <p><b>Tuition Option #2:<br/>Semi-Annual Payment</b></p> <p>Amounts include a 5% installment fee</p> <p>Payment by check:<br/>Tuition due July 6, 2011: <b>\$184</b><br/>Tuition due Dec. 1, 2011: <b>\$184</b><br/>Total: <b>\$368</b></p> <p>Payment by credit card*:<br/>Tuition due July 6, 2011: <b>\$190</b><br/>Tuition due Dec. 1, 2011: <b>\$189</b><br/>Total: <b>\$379</b></p> <p>Initial: _____</p> |
|---|

\*Requires authorization for the VYOA to charge your credit or debit card for the installment amount on the indicated dates (see next page).

**Payment Method:** (please check one)

Enclosed is my check for the amount of \_\_\_\_\_ , payable to “Vermont Youth Orchestra Association” or “VYOA”

I wish to apply for **Financial Aid** and I am submitting the application. **Due July 6th!**

I wish to charge my (please circle one)    Master Card    Visa    Discover    Amex  
according to payment option:    **#1: Payment in full**    **#2: Semi-annual**

Card number \_\_\_\_\_ Exp. date \_\_\_\_/\_\_\_\_

Name (as it appears on card) \_\_\_\_\_

Signature (for authorization of credit card payment) \_\_\_\_\_

I understand that I am obligated to pay the tuition in full according to the payment option I selected above. I further understand that a 5% installment fee is added if I have chosen option 2 and that a finance charge of 1.5% will be assessed on balances that are ten days past due. **Initial:** \_\_\_\_\_

Our signatures below affirm that we have read, understand, and accept the terms and conditions of this contract.

*Signature of parents or guardians responsible for student:*

1) \_\_\_\_\_ *Printed Name:* \_\_\_\_\_ *Date:* \_\_\_\_\_

2) \_\_\_\_\_ *Printed Name:* \_\_\_\_\_ *Date:* \_\_\_\_\_

***This form is not valid unless accompanied by the signed Student Participation Contract (enclosed).***

# VYOA participation contract

## Statement of commitment

Your personal progress and success as a musician and the collective progress and success of your ensemble depends on your FULL participation. By joining a VYOA ensemble, you make a commitment not only to yourself but to each of your fellow musicians to do the following:

- **Participate in as many rehearsals as possible** (in accordance with the attendance policy for your ensemble, discussed below). Sectional rehearsals are of particular importance; please make every effort to attend them.
- **Practice your ensemble music on a regular basis** between rehearsals to achieve mastery of it well before the concert. The primary purpose of rehearsals is to build ensemble performance skills and develop a clear, consistent, and cohesive approach to the music. **Do not plan on learning your parts only during rehearsals!** If there are issues observed with any student's preparation level, they may be asked on a week's notice to perform certain parts of their ensemble music for the conductor.
- **Study with a private teacher**, if at all possible. Private study is essential in ensuring your musical skills development and resolving technical challenges in your ensemble music.
- **Be a good colleague** by:
  - Being on time for rehearsals (in your seat, ready to play/sing at least 5 minutes before the scheduled start)
  - Engaging fully in rehearsals: pay attention, follow instructions, avoid distracting talk/activity, put away electronic devices
  - Being supportive of each other – praise good work, offer assistance and encouragement when needed, hold each other to high standards

Sharing these commitments will make it possible for each ensemble to accomplish amazing things together! Please sign below to indicate that you understand and commit to these expectations:

\_\_\_\_\_

**Print** student name

\_\_\_\_\_

Student signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent signature

\_\_\_\_\_

Parent signature

## Attendance policy

The VYOA attendance policy recognizes that events such as school, sports, and family activities may conflict with VYOA rehearsals and that illnesses occur. Compliance with the VYOA school music participation policy may also cause students to miss rehearsals. Each student is permitted a set number of absences as follows:

- **VT Youth Strings** members – allowed no more than **two absences per semester**.
- **VT Youth Chamber Winds** members – allowed no more than **two absences per semester**. If more than 2 musicians are absent from a chamber rehearsal this may result in cancellation/rescheduling of the coaching session. *Please note students who have absences in excess of the allowance may not be able participate fully in the related VYCW concert.*
- **VT Youth Sinfonia, VT Youth Orchestra Chorus & VT Youth Concert Chorale** members – allowed no more than **three absences per semester**.
- **VT Youth Orchestra and VT Youth Philharmonia** members – allowed no more than **three absences in each set of rehearsals** leading up to a major concert.
- **VT Youth Orchestra** members – allowed no more than **one absence** between the Reveille! Music Festival and the fall concert in September.

**Please make use of your allowed absences sparingly and strategically.** Making competing commitments means making tough choices, a process that is itself an important learning process! **Students in large ensembles who have absences in excess of the allowance will be required to re-audition for their ensemble conductor** to demonstrate that they are keeping pace with the rest of the ensemble. If performance in that audition is not satisfactory, remediation will need to be made for ensemble participation to continue. Students are advised after missing a rehearsal to contact colleagues or the conductor and find out what was covered in that rehearsal (e.g. changes to bowings/fingerings, tempos set, passages rehearsed, etc.).

Please sign below to indicate that you understand the absence policy:

|                    |                   |       |
|--------------------|-------------------|-------|
| _____              | _____             | _____ |
| Print student name | Student signature | Date  |
| _____              | _____             |       |
| Parent signature   | Parent signature  |       |

## School music program participation policy

The policy adopted by the VYOA Board of Directors states:

*VYOA students are expected to participate in their schools' instrumental and/or vocal ensembles, as available. In cases when scheduling conflicts arise between the VYOA and school music events, we encourage students to participate in those school events, making use of their allotted VYOA rehearsal absences to do so.*

This policy supports the mutually beneficial partnership of the VYOA and school music programs, helping avoid any sense of rivalry between programs or competition for students' commitment.

At the start of each season, the VYOA will send school music educators a list of VYOA participants who attend their particular school to verify that listed students are in compliance with the policy. Students not in compliance will have one week to resolve the situation to the satisfaction of their school music department. VYOA participation will be suspended for students who fail to make good faith efforts to comply.

Please sign below to indicate that you understand the school music program participation policy:

\_\_\_\_\_  
**Print** student name

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Parent signature



# Music Theory Registration – VYCW 2011-2012

**STUDENT NAME:** \_\_\_\_\_

Please return this entire packet **no later than July 6, 2011** to:  
Vermont Youth Orchestra Association, 223 Ethan Allen Ave, Colchester, VT 05446

**Music Theory Classes** (optional - see enclosed schedule for details)  
 If you want to enroll in one or both semesters of the 2:45 or 4:00 p.m. (Sunday) Music Theory Classes please check the appropriate box(es) below. The cost is \$55 per semester (ten-week session). Please include a separate check for Music Theory. If paying by credit card, Music Theory will be a separate charge from ensemble tuition.

2:45 classes:  Theory II (Sep. 11 to Nov. 20)  Theory III (Jan. 8 to Mar. 25)  
 4:00 classes:  Theory III (Sep. 11 to Nov. 20)  Theory I (Jan. 8 to Mar. 25)

**Music Theory Tuition:** (please check one)

One semester = **\$55**  
 Two semesters = **\$110**

*There will be no tuition refunds after the first class of the season.*

**Payment Method:** (please check one)

Enclosed is my check, payable to “Vermont Youth Orchestra Association” or “VYOA”

I wish to apply for **Financial Aid** & am submitting the application. **Due July 6th**

I wish to charge my (please circle one)    Master Card    Visa    Discover    Amex  
 in the amount of (please circle one)    \$55    \$110

Card number \_\_\_\_\_ Exp. date \_\_\_\_/\_\_\_\_

Name (as it appears on card) \_\_\_\_\_

Signature (for credit card payment) \_\_\_\_\_

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 List any friends or family that you would like to add to the VYOA mailing list to receive notice of upcoming events and opportunities to support our programs —include name, *email address*, home address and relationship to student:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## **Media Consent Form**

Due to the nature of publicizing and advertising Vermont Youth Orchestra Association concerts, activities and special events, the VYO A interacts frequently with media representatives from television, radio and print publications. Students maybe invited to speak with a member of the media for the sole purpose of promoting a specific concert or event. *Please Note: Marketing Director Lisamarie Charlesworth supervises all media activity with students.*

The VYO A hires a professional photographers for specific events, and uses professional photographs in various publicity and marketing efforts (ie: reports, posters, brochures) throughout the season. Photos taken during the season may also be posted to our website.

We require your approval before proceeding with any type of media plan during the season. Your signature on this consent form indicates your understanding of our media practices, and authorizes that your child may:

1. Interact with the media during his or her term as a VYO A member, or participant in a VYO A program.
2. Have his or her photograph taken and possibly used as a part of VYO A public relations efforts.

Student's Name \_\_\_\_\_

Student's Address \_\_\_\_\_

Student's Orchestra or ensemble \_\_\_\_\_

\_\_\_\_\_ Yes, I approve of the above outlined media practices.

\_\_\_\_\_ No, please do not include my child or his/her image in any VYO A materials.

Parent's | Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

*Please return this form to the VYO A office at 223 Ethan Allen Avenue, Colchester VT 05446. Questions should be directed to Lisamarie Charlesworth, Director of Marketing at 802.655.5030 or [lisamarie@vyo.org](mailto:lisamarie@vyo.org)*



**Medical Information & Authorization Form**

Please print clearly & complete BOTH pages of this form.

*This form must be completed & signed by a parent/guardian prior to the first rehearsal!*

**Student Name:** \_\_\_\_\_

Gender: Male Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of last tetanus shot: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Please list allergies or chronic conditions of any sort which the VYOA staff should be aware (this information will remain confidential): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Mother/Guardian Name:** \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work / Cell Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

**Father/Guardian Name:** \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work / Cell Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

**Emergency Contact** (if no Parent/Guardian is available)

Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work / Cell Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

**Student's Doctor Information**

Doctor's Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

**Insurance Information**

Insurance Company: \_\_\_\_\_

ID Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

**Insurance Subscriber**

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

Address (if different than listed above): \_\_\_\_\_

Primary Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Employer: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

## Medical Information & Authorization Form, continued

### **Prescription Medicine Disclosure & Release**

Vermont Youth Orchestra Association, Inc., a Vermont non-profit corporation, hereby discloses to you that there will not be a person present to administer prescription medicines to your child during his or her participation in VYOA programs.

In cases where medical attention may be necessary, VYOA staff will transport students to local medical facilities. Any time medical attention is sought, we will attempt to contact a parent or guardian immediately.

Please list prescription & non-prescription medicine your child is currently taking:

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### **Acknowledgement, Waiver, & Authorization**

We hereby acknowledge that our child \_\_\_\_\_ is solely responsible for administering his or her prescription medicine while in attendance at any Vermont Youth Orchestra Association event, and we further acknowledge that our child has been properly instructed by either ourselves or a licensed physician on the proper dosage & method of administration of his or her prescription & that he or she is capable of administering his or her prescription medicine in accordance with said instructions.

We, on behalf of ourselves & our child, hereby agree to hold harmless & do hereby waive any & all claims against Vermont Youth Orchestra Association, Inc., & its officers, employees, and agents, for any injuries to our child resulting from or caused by our child's failure to take or properly administer his or her prescription medicine while in attendance at VYOA events.

In the event of an emergency, if a parent or guardian cannot be reached, I give permission for \_\_\_\_\_ (student's name) to be treated by a physician selected by the VYOA administration, who may hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for my child named herein. To the best of my knowledge, I have listed my student's medical problems on this form. My child has permission to participate in all VYOA activities.

**Parent/Guardian Signature** \_\_\_\_\_

Relation to Student \_\_\_\_\_ Date \_\_\_\_\_

## **VYOA Financial Aid Application**

**Please be sure to complete BOTH pages of this form**

### **Section 1. Program Information:**

Total Tuition Due: \$ \_\_\_\_\_ We must receive this application in our office no later than **July 6, 2011**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Vermont Youth Orchestra    | <input type="checkbox"/> Vermont Youth Chamber Winds   | <input type="checkbox"/> Fall Music Theory   |
| <input type="checkbox"/> Vermont Youth Philharmonia |  | <input type="checkbox"/> Spring Music Theory |
| <input type="checkbox"/> Vermont Youth Sinfonia     | <input type="checkbox"/> VYO Chorus                    | <input type="checkbox"/> Presto              |
| <input type="checkbox"/> Vermont Youth Strings      | <input type="checkbox"/> Vermont Youth Concert Chorale |  |

### **Section 2. To be completed by the applicant(s):**

Student's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### **Section 3. Instructions:**

It is the policy of the Vermont Youth Orchestra Association to provide financial aid, to the extent that our limited resources allow, for applicants who are truly in need, and who otherwise would be unable to participate. Before applying for financial aid, please consider carefully your family's spending priorities and your child's dedication to the program. Thank you.

1. Please note the return date requested in Section 1 above.
2. Complete section 3 above.
3. Complete in full AND SIGN page 2 of this application.
4. Enclose one copy of the first page of federal form 1040, along with schedules C, D & E most recently filed by each member of your family. The forms must be signed by the tax payer(s). *We regret that we cannot process your application without these forms.*
5. Enclose pages 1 & 2 of this Financial Aid application, and your forms 1040 in an envelope addressed to:

Review Committee  
Vermont Youth Orchestra Association  
223 Ethan Allen Ave.  
Colchester, VT 05446

The Vermont Youth Orchestra Association assures that the information requested will be held in confidence. Your application and forms 1040 will be reviewed only by the Financial Aid Committee. This committee will consist of the VYOA Executive Director and three Board members each of whom has agreed to hold all information submitted in the utmost confidence. This application and your attached federal tax forms will be shredded after processing, or will be returned to you if you provide a stamped, self addressed envelope for that purpose.

**Financial Aid Application, continued**

All information requested must be provided in full. One copy of all federal forms 1040 (with all schedules) most recently filed by each member of your family must be enclosed. We regret that we cannot process incomplete applications. If you wish to do so, please attach a letter explaining any special circumstances which you feel should be considered.

**APPLICANT INFORMATION**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Program(s) (VYO, VYP, Etc.): \_\_\_\_\_ Total Tuition Due: \$\_\_\_\_\_ Applying for aid in the amount of: \$\_\_\_\_\_

**FAMILY INFORMATION** LIST NAMES AND AGES OF DEPENDENTS, AND DEGREE OF DEPENDENCY (E.G. "FULL", "HALF", etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF YOU RECEIVE CHILD SUPPORT PAYMENTS, PLEASE PROVIDE INFORMATION HERE:

\_\_\_\_\_

INDICATE ALL FINANCIAL AID PROGRAMS FOR WHICH YOU PRESENTLY QUALIFY:

- |                               |                                       |   |  |
|-------------------------------|---------------------------------------|---|--|
| <input type="checkbox"/> ANFC | <input type="checkbox"/> DR. DYNASAUR | <input type="checkbox"/> FOOD STAMPS    | <input type="checkbox"/> PROPERTY TAX REBATE |
| <input type="checkbox"/> VSAC | <input type="checkbox"/> SCHOOL LUNCH | <input type="checkbox"/> FOSTER PARENTS | _____  |
| <input type="checkbox"/> WIC  | <input type="checkbox"/> SSI          | <input type="checkbox"/> TOOTH FAIRY    | _____  |

**MOTHER OR GUARDIAN INFORMATION**

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address (STREET, CITY, STATE): \_\_\_\_\_

Earnings this year: \_\_\_\_\_ Earnings last year: \_\_\_\_\_

Equity in Real Estate: \_\_\_\_\_ Value of Savings Account: \_\_\_\_\_

Value of other investments (Do not list IRA, SEP, KEOGH, or 401K accounts): \_\_\_\_\_

**FATHER OR GUARDIAN INFORMATION**

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address (STREET, CITY, STATE): \_\_\_\_\_

Earnings this year: \_\_\_\_\_ Earnings last year: \_\_\_\_\_

Equity in Real Estate: \_\_\_\_\_ Value of Savings Account: \_\_\_\_\_

Value of other investments (Do not list IRA, SEP, KEOGH, or 401K accounts): \_\_\_\_\_

**Signature(s) of Parent(s):** \_\_\_\_\_

I (WE) HAVE ANSWERED ALL OF THE ABOVE QUESTIONS TO THE BEST OF MY (OUR) ABILITY, AND I (WE) BELIEVE THEM TO BE CORRECT. I (WE) AFFIRM THAT, WITHOUT THE AID REQUESTED ABOVE, IT WOULD BE A STRUGGLE FINANCIALLY TO ENROLL MY (OUR) CHILD IN THIS PROGRAM.