



GMYS Intermediate Camp Registration Form



June 11-July 20 South Miami High School (Teacher Recommendation Required)

Student's*: Last Name _____, First Name _____ Middle Initial _____

Mother's: Last Name _____, First Name _____ Middle Initial _____

Father's: Last Name _____, First Name _____ Middle Initial _____

Does child live with a legal guardian other than mother or father? Yes No

If yes, **Guardian's:** Last Name _____, First Name _____ Middle Initial _____

Street Address* _____ **City*** _____ **ZIP Code*** _____

Parent/Guardian Primary Phone# _____ **Email#** _____

Child's Gender* Male Female **Child's Date of Birth (mo/day/yr)*** _____

Child's Race*: American Indian or Alaskan Asian Black or African American
 Pacific Islander White Other, please specify _____

Child's Ethnicity*: Hispanic Haitian Other, please specify _____

Is Child Proficient in English?* Yes No

Instrument _____ **Years of Study** _____ **Private Teacher** _____

Additional/Other language(s) spoken in the home*: Spanish Haitian-Creole Other _____

Child's Social Security number*: _____ NO SSN prefer not to give SSN

MDCPS ID Number*: _____ No MDCPS ID; prefer not to give MDCPS ID

Child's Current Grade*: _____ **Child's Current School*:** _____

Does child have health insurance (ex., private insurance, KidCare, Medicaid)?* Yes No
(If not, The Children's Trust may be able to help you find affordable coverage—call 211, or visit www.thechildrenstrust.org)

Does child have a documented disability (for grant purposes only)?* Yes No

- If yes, do you have (check all that apply):* an Individualized Family Service Plan (IFSP; if under 3 years old)
 an Individualized Education Plan (IEP) from the school system a Section 504 Plan
 a medical diagnosis from a doctor a diagnosis by a state certified/licensed professional (ex., psychologist)
 disclosed by the parent or guardian describing the child's specific condition and/or need for accommodations

If yes, how would you best classify the type(s)? (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Autism Spectrum Disorders | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Chronic Medical Condition | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Emotional and/or Behavioral Disorder | <input type="checkbox"/> Speech/Language Impairment |
| <input type="checkbox"/> Hearing Impairment (or deaf) | <input type="checkbox"/> Visual Impairment (or blind) |
| <input type="checkbox"/> Intellectual Disability (or mental retardation) | <input type="checkbox"/> Other Disability _____ |

Shirt Size (circle one) YS, YM, YL, AS, AM, AL, AXL, AXXL

Non-Refundable \$50 Deposit due WITH this Form by May 1st-Remainder of Tuition due June 1st, 2012. Sibling Discount- Deduct 10% of tuition off each additional child. Deposit can be waived for full financial need scholarship students only at discretion of GMYS staff, see attached tuition schedule.

See attached tuition scale for remainder of tuition fees. Registration will not be complete until tuition is paid. Applications submitted after May 1st will incur a \$50 late fee. If tuition is not paid by June 1, the student's slot will be forfeited. Students must be fully registered in order to participate in any camp activities. Camp information, handbook, forms, and details will be distributed via email in May.

Please mail registration forms and payment to GMYS, 5275 Sunset Drive, Miami, FL 33143. Checks should be written to "GMYS".

I give my permission for this information to be submitted to The Children's Trust for program monitoring and evaluation purposes. I understand my information will not be given to a 3rd party without my consent and will be properly safeguarded by GMYS.

PARENT/GUARDIAN SIGNATURE*: _____ **DATE:** _____

Questions: Contact GMYS at 305-667-4069, info@gmys.org, www.gmys.org

Tuition Fees (in addition to the \$50 non-refundable deposit)

Most recent tax return MUST be given to GMYS to be eligible for reduced tuition rates. Contact GMYS staff regarding special circumstances. For payment plan, fill out additional scholarship application form.

Family Income Tuition Fee

Above \$52,000	\$450
Above \$48,000	\$325
Above \$43,000	\$200
Above \$38,000	\$75
Under \$38,000	free

For before/after care, parent must fill out Before/After Care form for Intermediate Camp.

Attendance Policy

Students absent more than 6 days for the duration of the six week summer camp will be dismissed from camp and not be allowed to participate in next year's summer camp. Attendance at all concerts in mandatory.

Electives

While no guarantee can be given that all elective choices will be available to each student, GMYS will try to accommodate your requests. Due to scheduling and availability, however, a student might not be able to participate in all the electives they have chosen. Register early- Electives are first come first serve. Elective assignments are also determined by staff according to the student's current musical level. Students will be placed in one of three musical skill levels. Students in Level 1 will be assigned to Recorder Ensemble and Music Appreciation during elective times. All Level 3 students will participate in chamber music for 2 weeks.

Please mark electives numerically according to preference. Mark at least 6 classes.

- | | |
|-----------------------------|-----------------------------|
| _____ Beginning Piano Class | _____ Ear-Training |
| _____ Music Theory | _____ Sight-reading class |
| _____ Music Appreciation | _____ Chorus |
| _____ Conducting | _____ Improvisation-Strings |
| _____ Jazz Band | _____ From Violin to Viola |

Teacher Recommendation

Dear Teachers,

It is important that students be directed to the summer camp that is most appropriate for their level, not only for the individual student's advantage, but also for the output of the overall group as well. Please assign your student to the group that most fits their level as defined below. Students that can not meet the Intermediate Camp guidelines should be directed to apply for the Beginner Camp. Intermediate Camp will have 3 levels within the camp from the minimum requirements listed below up through the Grade 3, Suzuki Book 4 level. Please contact GMYS if you have questions, 305-667-4069, info@gmys.org. Thank you.

**** Children with disabilities do not need prior experience to enroll in the camp but do need a letter of recommendation from a teacher with contact information so that GMYS staff can discuss the accommodations needed for the student. Parents should also submit a copy of their child's IEP.****

Intermediate Minimum Camp Requirements

Violin: 1 octave D or G or A Major Scale

Viola and Cello: 1 octave C or D Major Scale

Bass: 1 Octave D Major or G Major Scale

Winds, Brass, Percussion: 1 octave B flat Major or 1 octave chromatic scale from Concert B flat

Experience with Grade 1, Suzuki Book 1, Essential Elements Book 1, or Standards of Excellence

It is recommended that Intermediate students have one school-year of experience in their school orchestra/band or GMYS preparatory program. Teachers may attach a letter describing the student's current skill level to assist us with placement.

Teacher Signature

Print Name

Phone #

Email

*Required fields

Revised 07/09

Permission to Transport

Comprehensive Parental/Guardian Consent Form and Liability Waiver

(students can not attend off-site field trips without this waiver signed)

I, (Parent/Guardian) _____ grant permission for my child _____ to be transported in a motor vehicle driven by or hired by GMYS, a MDCPS approved bus service, or a program van driven by a GMYS employee. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult staff members or volunteers. I agree on behalf of myself, my child named herein, and our heirs, successors and assigns to hold harmless and defend GMYS, its officers, directors and agents, and any funding agencies, from any and all actions, claims, demands, damages, costs, expenses, and all consequential damage arising from or in connection with my child being transported by GMYS employees or a MDCPS approved bus service.

I have read this entire waiver and permission form, fully understand it, and agree to be legally bound by its terms.

Parent/ Guardian Signature _____ Date _____

Emergency Contact Information and Authorization Pick-Up (Children will not be released to any person not listed below)

NAME	Relationship	Place of Employment	Work Number	Beeper/Cell Number

Walk-Home Authorization:

Days _____ Exact Times _____

I understand that GMYS is not responsible for the care of my child after the times listed above.

Participant Medical Information:

Please state below any medical or behavioral conditions your child has or has had that should be considered . Include any medication which needs to be administered while attending the program. (Allergies, present medication, activities to avoid, behavioral characteristics/techniques, etc). Furthermore, are they any special needs and/or accommodations necessary that our staff needs to be aware of in order to provide the best possible care. **If none, please write N/A.**

Medical Verification and Consent:

I hereby give permission to the physicians selected by GMYS to order X-rays, routine tests and treatment for the health of my child in the event I cannot be reached in an emergency. I give permission to the physician to hospitalize, secure proper treatment for and order injection and/or anesthesia and/or surgery for my child. I attest the participant is physically able to participate in all activities planned and hosted by GMYS and that the participants physical condition has been verified by a licensed medical doctor, and we consent to any needed medical treatment for the participant in the event of an emergency. I understand as the participants legal guardian that the activities involve risk, and I do hereby voluntarily assume any and all risk, such as injury caused by the negligence of GMYS and or its volunteers, consultants and officers. My personal insurance bears primary responsibility in case of accident.

Signature _____ Date: _____



AUTHORIZATION FOR PHOTOGRAPHY/VIDEO

I, _____, the parent or guardian of _____ hereby authorize and give consent to service providers and the staff of The Children's Trust of Miami-Dade County as follows:

I hereby:

consent and authorize or do not consent and authorize

the staff of The Children's Trust of Miami-Dade County to take/use still photographs, digital photographs, motion pictures, television transmission, and/or videotaped recordings (hereinafter "Recordings") of me, my children, or my wards for educational, research, documentary, and public relations purposes.

Signature of Parent or Guardian

Signature of Witness

Date

Date

Any such Recordings may reveal your identity through the image itself without any compensation to you, your children or wards.

Any and all Recordings taken of you, your children or wards shall be the sole property of The Children's Trust.

With regard to the use of any Recordings taken of you, your children or wards, you hereby waive any and all present and future claims you may have against The Children's Trust of Miami-Dade County, their staff, service providers, employees, agents, affiliates and Board members.

(305) 571-5700
www.thechildrenstrust.org