



GMYS Preparatory Registration Form



This form should only be used for Westwind, Homestead, Pinecrest, MDC Band, MDC Cello/Bass, and Miami Beach

Class (circle one): Westwind Homestead Pinecrest Band Class Cello/Bass Class Miami Beach

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 Phone _____ **Work 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 Request _____ **Years of Study(if applicable)** _____

Private Teacher(if applicable) _____

Additional/Other language(s) spoken in the home*: Spanish Haitian-Creole None 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)

Does child have a documented disability?* 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"/> Developmental Delay (under 5 only) | <input type="checkbox"/> Speech/Language Impairment |
| <input type="checkbox"/> Emotional and/or Behavioral Disorder | <input type="checkbox"/> Visual Impairment (or blind) |
| <input type="checkbox"/> Hearing Impairment (or deaf) | <input type="checkbox"/> Other Disability _____ |
| <input type="checkbox"/> Intellectual Disability (or mental retardation) | |

There is no tuition fee for these classes. However, poor attendance and misuse of GMYS instruments will result in dismissal from program. Students must be registered with GMYS prior to participation in any rehearsals or concerts. Please send registration forms to GMYS, 5275 Sunset Drive, Miami, FL 33143.

I give my permission for this information to be submitted to The Children's Trust for program monitoring and evaluation purposes. Student records will be kept strictly confidential.

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

Permission to Transport

Comprehensive Parental/Guardian Consent Form and Liability Waiver

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 connections 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) ***Must Be Completed*******

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 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.

Student and Parent Preparatory Division Contract

- I agree to attend all classes except for illness and excused absences. Excused absences are those reported to GMYS staff at least 24 hours before class. Please email info@gmys.org to request an excused absence. A student with more than 2 unexcused absences in a semester can be removed from the class.
- I will bring all materials (books, music, instrument) to class
- I will arrive at class 5 minutes before the start of class
- I will be on my best behavior
- I will take care of my instrument and return it immediately if I have more than 3 absences or withdraw from the program.
- I understand that if I withdraw, I can not reenroll for one full year
- I will practice 15 minutes a day at home
- Students must be picked up on time at the end of class

Parent Signature

Date

Student Signature

Phone Number

Instrument Agreement Form

Instrument number _____

Book number _____

Parent name _____

Phone number _____

Parent Drivers License Number _____

I, _____, agree to care for the instrument being loaned to my child by GMYS. I understand that the replacement fee for each instrument is \$_____, and I agree to pay such fee if there is any damage to the instrument during my care, or if the instrument is lost or not returned in a timely manner at the request of GMYS. I understand my child will not be able to participate in the next class if they do not bring the instrument and book checked-out to them to class. Students may also check out the music book. The book and cd replacement is \$10. Students with more than 3 absences will be required to return the instrument. Instruments must be returned at the conclusion of the class in May.

Estimated costs- violin- \$100, viola- \$150, cello- \$350, bass- \$800, flute- \$200, clarinet- \$200, trumpet- \$200, trombone- \$250, baritone- \$400, French horn- \$800, oboe- \$1,000, bassoon- \$3,000.

I also agree to:

- **NEVER** leave the instrument in the car, trunk, or in direct sunlight
- Loosen the bow after each practice session and remove the shoulder pad after each session and place it in the case pocket
- Never leave the instrument out of the case unattended
- Do not let other people use the instrument
- Put the instrument in a safe place after each practice session

Parent Signature

Date

GMYS Staff Signature