



GMYS Preparatory Registration Form Fit Kids Location

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)*** _____

Is Child Proficient in English?* Yes No

Instrument _____ **Years of Study(if applicable)** _____

Private Teacher(if applicable) _____

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

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

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):

Autism Spectrum Disorders

Learning Disability

Chronic Medical Condition

Physical Disability

Developmental Delay (under 5 only)

Speech/Language Impairment

Emotional and/or Behavioral Disorder

Visual Impairment (or blind)

Hearing Impairment (or deaf)

Other Disability _____

Intellectual Disability (or mental retardation)

Program fees are \$20/class. Fees are due by the first Saturday of each month for the entire month. Students MUST be registered prior to participation in the GMYS Preparatory program. Please mail registration forms and payment to GMYS, 5275 Sunset Drive, Miami, FL 33143 or hand in at the first class.

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 hereby:

consent and authorize **or** **do not consent and authorize**

the Greater Miami Youth Symphony to take pictures or video recordings of my child.

Parent/ Guardian Signature _____ **Date** _____