2018-2019 PREPARATORY CLASS REGISTRATION FORM

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

PREPARATORY CLASSES:

☐ **Beginning Band:** Mondays, 4:00-6:00 PM @Gateway Environmental K-8 Learning Center
☐ **Beginning Band & Percussion**: Sundays, 3:00-4:00 PM @ Miami Dade College, Kendall Campus
☐ **Violin & Cello:** Thursdays, 3:30-5:30 PM @Airbase K-8 Center
☐ **Violin, Cello & Bass:** Sundays, 10:00 AM-12:00 PM @ Miami Dade College, Kendall Campus
☐ **Violin & Viola**: Saturdays, 9:00 AM – 12:00 PM @Riviera Presbyterian Church, Second Floor
***All preparatory classes are 1 hour. Class time will be assigned.**

Primary Instrument: _____ **Years of Study:** _____ **Private Lessons?** ☐ Yes ☐ No

Private Teacher Name: _____ **Email:** _____ **Phone:**_____

Secondary Instrument: _____ **Years of Study:** _____ **Private Lessons?** ☐ Yes ☐ No

Date of Birth (mo/day/year): _____/_____/_____ **Gender:** ☐ Male ☐ Female

Last 4 digits ONLY of student's Social Security #: _____ ☐ No SSN ☐ Prefer not to disclose

Miami-Dade County Public Schools ID #: ☐☐☐☐☐☐☐ ☐ No MDCPS ID ☐ Prefer not to disclose

Name of school currently attending: _____ **Grade:** _____ **HS Graduation Year:**_____

Is student proficient in English? ☐ Yes ☐ No **Are parents/guardians proficient in English?** ☐ Yes ☐ No
Other language(s) spoken in home: ☐ Spanish ☐ Haitian-Creole ☐ Other _____ ☐ None
Student's Ethnicity: ☐ Hispanic ☐ Haitian ☐ Other, please specify: _____
Race: ☐ American Indian or Alaskan ☐ Asian ☐ Black or African American
☐ Pacific Islander ☐ White ☐ Other, please specify: _____

1Parent/Guardian/Emergency Contact Information and Authorization for Pick Up: (PLEASE PRINT)
(Children will not be released to any person not listed below)

	PARENT/GUARDIAN	PARENT/GUARDIAN	EMERGENCY CONTACT
Full Name			
Relationship			
Home Phone			
Cell Phone			
Work Phone			
Primary Email			
Alt. Email			
Home Address			
City, State, Zip			
Occupation			
Employer			

Additional Student Contact Information: (if applicable) **Student Cell Phone:** _____

Student Email:_____ **Alt. Email:**_____

Student 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 there any special needs and/or accommodations necessary that our staff needs to be aware of in order to provide the best possible care. If further space is required, please attach any pertinent medical information/forms. **If none, please write N/A.**

_____

_____

Primary Care Physician Name: _____ Ph: _____

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 participant's 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 participant's 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.

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

Does student currently have health insurance (ex., private insurance, KidCare, Medicaid)? ☐ Yes ☐ No

Number of children living in the household (including student): _____

Is the student a dependent of a military family? ☐ Yes ☐ No

(A member of the student's family is either: 1) an active duty member of the uniformed services; 2) a member of the National Guard or reserves; 3) a member or veteran who was severely injured and medically discharged or retired; 4) a member killed in the line of duty.

Does student have a disability? ☐ Yes ☐ No **If yes: (please check all that apply)**

(Information needed for grant purposes; please provide GMYS with a copy of any documentation.)

☐ Individual Education Plan (IEP) at school system
☐ Section 504 Plan
☐ Diagnosis by a state certified/licensed professional (ex., psychologist)
☐ Disclosure by the parent or guardian describing the child's specific condition and/or need for accommodations
☐ Autism Spectrum Disorders
☐ Chronic Medical Condition
☐ Emotional/Behavioral Disorder
☐ Hearing Impairment (or deaf)
☐ Learning Disability
☐ Other Disability: _____
☐ Medical diagnosis from a physician
☐ Physical Disability
☐ Speech/Language Impairment
☐ Visual Impairment (or blind)
☐ ADD/ADHD
☐ Intellectual Disability (or MR)
☐ Further Info: _____

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, our heirs, and 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.

Walk Home Authorization: Days: _____ Exact Times: _____

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

AUTHORIZATION FOR PHOTOGRAPHY/VIDEO

I, _____**, the parent or guardian of** _____**,** hereby authorize and give consent to GMYS 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. 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 GMYS, and their staff, employees, affiliates and Board members.

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

■ **TUITION:**

☐ **PREPARATORY CLASS: $200** tuition per academic year — **$**_____

☐ **Check here if opting for Semester Payment Plan** (Note: Additional $25 charge)

First payment of **$112.50** due with this form; additional payment of **$112.50** due Nov. 30.

■ **FINANCIAL AID/SCHOLARSHIP APPLICATION**

Note: Limited funds awarded in order of application receipt date.

☐ **Check here if applying for financial aid. (Must attach most recent tax return)**

☐ **Most Recent Tax Return Attached**

FOR OFFICE USE ONLY: FA award (-) $_____ — **(-) $**_____ (to be filled by office only)

■ **NON-REFUNDABLE ADMINISTRATION FEE:** $50 per student — **$** 50.00

Note: All applications must include this fee regardless of financial aid/scholarship request.

Payment is due upon submission of this registration form unless Financial Aid is requested and copy of most recent tax return also submitted. Students MUST be registered and paid prior to participation in any GMYS events, classes, or rehearsals. Note: Refund of tuition only within 30 days of registration. No refunds past 30 days.

TOTAL DUE: **$**_____

TOTAL PAYMENT: **$**_____

Date: _____ **Check#:** _____

Mail registration forms and payment to:

GREATER MIAMI YOUTH SYMPHONY (GMYS)

5275 Sunset Drive, Miami, FL 33143

(Please do not fax or email forms)

QUESTIONS? Call GMYS at 305-667-4069 or visit www.gmys.org

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

FOR OFFICE USE ONLY (Must be completed)

ENSEMBLE: ☐ Beach Mozarts ☐ Young Mozarts ☐ Strings ☐ Concert Orch ☐ Young Sousas ☐ Concert/Jazz ☐ Symphony

PREP: ☐ Mon ☐ Tues ☐ Wed ☐ Thu ☐ Sat ☐ Sun MDC ☐ Sun Miami Beach **OTHER:** ☐ French Horn/Oboe/Bassoon

Financial Status: ☐ Paid in full ☐ Semester Payment Plan ☐ Full Scholarship ☐ Partial Scholarship

Priority Population Membership (check all that apply): ☐ Migr Farm Wrk ☐ Dep Syst ☐ Delin Syst

GREATER MIAMI YOUTH SYMPHONY
Preparatory Class Student and Parent 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 two (2) unexcused absences in a semester may be removed from the class.
- I will bring all materials (books, music, instrument) to class.
- I will arrive at least 15 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 three (3) absences or withdraw from the program.
- I understand that if I withdraw, I cannot re-enroll for one full year.
- I will practice for at least 15 minutes each day at home.
- Students must be picked up on time at the end of class.

_____ _____ _____

Student Signature **Parent Signature** **Date**

Instrument Agreement Form

Instrument No.: _____ **Book No.:** _____

Parent/Guardian Name: _____

Parent/Guardian Telephone No.: _____

Parent/Guardian Drivers License No.: _____

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. In addition to this, any family borrowing an instrument from GMYS or on payment plan will be required to submit a credit card authorization form with registration. 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 three (3) absences will be required to return the instrument. Instruments must be returned at the conclusion of the class in May.

ESTIMATED REPLACEMENT INSTRUMENT COSTS IN CASE OF LOSS, THEFT, OR DAMAGE:

Violin - $100	Bass - $800	Trumpet - $200	French Horn - $800
Viola - $150	Flute - $200	Trombone - $250	Oboe - $1,000
Cello - $350	Clarinet - $200	Baritone - $600	Bassoon - $3,000

I also agree to:

- **NEVER** leave the instrument in the car, trunk, or in direct sunlight.
- **NEVER** attempt any repairs or have instrument repaired by anyone not sanctioned by GMYS.
- Always 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.
- Not let other people use the instrument.
- Always put the instrument back in its case and in a safe place after each rehearsal and practice session.

_____ _____ _____

Student Signature **Parent Signature** **Date**