



Homestead Programs



Somerset Academy - Band
 Tuesday/ Thursday *Virtual*
 2:45 - 4:45 PM (4 hours a week required)
 Band/Literacy/ SEL

Florida City Elementary - Beginning Band
 Wednesday/Thursday *Virtual*
 7:54 AM - 8:15 AM
 K-5

ARC - Beginner Piano
 Friday *In-Person*
 12:30 PM & 1:30 PM

Gateway K - 8 - Beginning Band
 Monday *Virtual*
 4:00 - 5:00 PM

Waterstone Community Area
 Preparatory Strings *Virtual*
 Tuesday
 5:30 PM - 6:30 PM

CHILD INFORMATION FORM

Child's Last Name _____ First _____ Middle Name _____

Child's Date of Birth (MM/DD/YYYY) Child's Gender Male Female

Miami-Dade County Public Schools ID # No M-DCPS ID #

Child's current school _____

Is your child proficient in English? Yes No

Other language(s) spoken in your home Spanish Haitian Creole Other: _____ None

Street Address _____ City _____ Zip Code _____

Child's ethnicity Hispanic Haitian Other, please specify: _____

Child's race (select only one) American Indian or Alaskan Asian Black or African-American
 Pacific Islander White Other Multiracial

Child's current grade

Does child have health insurance? (ex., private insurance, KidCare, Medicaid) Yes No
 (If not, we may be able to help you find affordable coverage – call 211 or visit
www.thechildrenstrust.org/parents/health-connect/insurance.)

Child's primary caregiver (full name) _____

Primary caregiver email address _____

Primary Phone Number Is this a cell/mobile phone? Yes No

(Please note that The Children's Trust may contact you via postal mail, email and/or text to ask about your satisfaction with these services, and to make you aware of other Trust-funded programs, initiatives and events you may be interested in.)

Has your child ever been a part of the following?

- Delinquency System
- Dependency System
- None

We want to get to know your child better so that we can provide the best possible experience in our programs. Please tell us more about your child...

What are the main ways in which your child communicates? (Mark all that apply)

- | | |
|---|--|
| Speaks and is easily understood | Uses gestures or expressions like pointing, pulling, smiling, frowning or blinking |
| Speaks but is difficult to understand | Uses sign language |
| Uses communication devices like pictures or a board | Uses sounds that are not words like laughing, crying or grunting |

What, if any, help does your child receive at this time? (Mark all that apply)

- | | |
|---|--------------------------------------|
| Behavioral therapy or services | Physical therapy (PT) |
| Counseling for emotional concerns | Special education services in school |
| Daily medication (not including vitamins) | Speech/language therapy |
| Occupational therapy (OT) | None of the above |

What conditions does your child have that are expected to last for a year or more? (Mark all that apply)

- | | |
|--|--|
| Autism spectrum disorder | Physical disability or impairment |
| Developmental delay (only if under age 5) | Problems with aggression or temper |
| Intellectual/developmental disability (over age 5) | Problems with attention and hyperactivity (ADHD) |
| Hearing impairment or deaf | Problems with depression or anxiety |
| Learning disability (school age) | Speech or language condition |
| Medical condition or illness | Visual impairment or blind |
| | None of the above |

If you marked "None of the above" on the previous question, please skip the next two questions and sign below. If you marked any other answer on the question above, please answer the remaining questions and sign below.

Do any of the conditions marked above make it harder for your child to do things that other children of the same age can do? Yes No

To support your child's successful participation in this program, in what areas might s/he need extra assistance? No specific help needed

- Holding a crayon/pencil, writing, using scissors or other fine motor tasks
- Sports or physical activities like running or other gross motor tasks
- Managing feelings and behavior
- Academic, learning or reading activities
- Adapting activities to take into account a visual or hearing impairment
- Using assistive device(s) like a wheelchair, crutches, brace or walker
- Personal services like help with feeding, toileting or changing clothes
- Other _____

Please tell us anything else you think it is important for us to know about your child:

If you are interested in other services funded by The Children's Trust, please call 211 or visit www.thechildrenstrust.org. For special needs resources for your child, visit www.advocacynetwork.org or www.thechildrenstrust.org/cwd

I give my permission for this information to be submitted to The Children's Trust for program quality and evaluation purposes. The Children's Trust provides funding for the program.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

FOR STAFF USE ONLY (MUST BE COMPLETED)

ORGANIZATION _____ SITE _____

POPULATION MEMBERSHIP (check all that apply): Dep Syst Delin Syst

Waterstone Community **ONLY**

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

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

■ **PREPARATORY TUITION:**

\$ 50.00 Registration Fee

Waterstone Community \$125

Check here if opting for Payment Plan (Note: Additional \$25 charge)

TOTAL DUE: \$ _____

TOTAL PAYMENT: \$ _____

Date: _____ Check: _____

CANCELLATION POLICY

All classes subject to cancellation based on funding and enrollment. Refunds will be given for any cancellation on the part of GMYS.

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