



GMYS CANVAS

June 14 - July 30, 2021



Colors of Culture June 14th – July 23rd at Miami Christian School (Beginner/Intermediate)

In-Person

Virtual

Textures June 21st – July 2nd at Unitarian Universalist Congregation (Advanced) Intensive Jazz Intensive Strings

Kaleidoscope July 6th – July 30th St. Johns Episcopal Homestead (Beginner)

In-Person

Virtual

Child's Last Name _____ First _____ Middle _____

Child's Date of Birth (mo./day/yr.) [][] [][] [][][][]

Child's Gender Male Female

Last 4 Digits ONLY of Child's Social Security # [][][][]

No SSN Prefer not to give

Miami-Dade County Public School ID # [][][][][][][]

No MDCPS ID Prefer not to give

Child's Current School _____ Child's Current Grade [][]

Is Child Proficient in English? Yes No

Other Language(s) Spoken in the Home Spanish Haitian-Creole Other _____ None

Street Address _____ City _____ Zip Code _____

Child's Ethnicity Hispanic Haitian Other, please specify _____

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

Child's Primary Caregiver (Parent/Guardian) _____

Primary Caregiver Email _____

Primary Phone [][][] [][][] [][][][] Type: CELL HOME

(You may be contacted by The Children's Trust for quality improvement purposes)

Number of Children Living in the Household (including child participant)

Does child have health insurance? (ex. private insurance, Kid Care, Medicaid) Yes No

(If not, we may be able to help you find affordable coverage- call 211 or visit www.childrenstrust.org/parent/health-connect/insurance)

Is the Participant a Child of a Military Family? Yes No

A member of the child'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; or 4) A member killed in the line of duty.

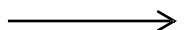
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FOR STAFF USE ONLY (MUST BE COMPLETED)

SAS-C

Children's Trust



Does Child Have a Disability? Yes No (Information Needed for Grant Purposes)

If yes, do you have (check all that apply)

- An Individualized Education Plan (IEP) at school
- system a Section 504 Plan
- A medical diagnosis from a doctor
- A 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

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

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

Instrument _____ **Years of Study** _____ **Private Teacher** (name) _____

Shirt Size (check one) **YOUTH:** S M L

ADULT: S M L XL XXL

*Due to COVID-19, all instruments chosen will be kept until the end of camp. Instruments cannot be changed when selected.

Instrument Interest: _____

PAYMENT

Registration will not be complete until tuition is paid. If tuition is not paid by June 7th, 2021 the student's slot will be forfeited. See next page for Tuition & Fees. Students must be fully registered in order to participate in any camp activities. Camp information, forms and details are available at www.gmys.org.

Online Registration and Payment Preferred

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

PARENT / GUARDIAN SIGNATURE _____ **DATE** _____

Questions: Contact GMYS
Phone: (305) 667-4069
Email: camp@gmys.org

How did you hear about us?

Website

Friend/family referral

Radio

Print Advertisement

Which one? _____

Social Media

Other: _____

TUITION & FEES

1. A **\$50 Non-refundable** registration fee is due by **June 7th, 2021** with this registration form
2. **Tuition must be paid in full by June 7th, 2021** . To receive scholarship you must provide a proof of need with either of the following: tax return, notice of termination/furlough, documentation of unemployment, or any other proof of need.
3. Payment plans available upon request. (additional \$25 fee) I would like a payment plan

SCHOLARSHIPS WILL BE AWARDED ON A FIRST COME, FIRST SERVE BASIS

*Scholarships are a first come first serve basis and are limited. Non-refundable registration fee **MUST** be paid.

Miami Christian School Colors of Culture Tuition

6-week camp 9:00 AM - 4:00 PM

- Young Mozarts* \$300 *Preparatory Strings* \$200
- Strings Orchestra* \$300 *Exploratory Strings* \$200
- Concert Band* \$300
- Exploratory Band* \$200

St. Johns Episcopal Homestead: Kaleidoscope

4-week camp 9:00 AM - 1:00 PM STRINGS

ONLY \$150

- Young Mozarts* 2+ yrs of experience
- Advanced Prep* 1+ yr of experience
- Beginning Preparatory* < 1 yr of experience
- Exploratory Strings* No experience

Unitarian Universalist Congregation: Textures

2-week camp (times listed below)

- Jazz Intensive* \$475 9:00 AM - 1:00 PM
- String Intensive* \$475 12:00 PM - 4:00 PM

Emergency Contacts

Name	Relationship to Child	Place of Employment	Work Number	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.

Parent/Guardian Signature _____ Date _____

3. OPTIONAL: BEFORE/AFTER CARE (Intermediate) - \$150 per student for the full 6 weeks Can be paid in-full at the start of the camp

OR \$25 per week can be paid on the Monday of each week

Before Care begins at 7:30 AM. After Care ends at 6:00 PM

BEFORE CARE ONLY (Homestead) - \$100 per student for the full 4 weeks

Can be paid in-full at the start of the camp

OR \$25 per week can be paid on the Monday of each week

Before Care begins at 7:30 AM

My child(ren) _____ will require Before and/or After Care during the GMYS Summer Music Camp. I will sign in my child(ren) in and out of before and or after care. I agree that GMYS is not responsible for my child(ren) if they are dropped off before 7:30 AM or picked up after 6:00 PM. I acknowledge that the proper authorities will be notified if A) I or another emergency contact person does not arrive to retrieve the child(ren) by 6 pm, or B) if no contact has been made with the camp staff notifying them of an emergency prohibiting the child(ren) from being picked up.

Please indicate in the emergency contact table who will be dropping off or picking up the child(ren) for Before and/or After Care. This person **MUST** sign in and sign out the child(ren) with the Before/After Care supervisor.

Child(ren) will ONLY be released to the individuals listed in the emergency contact table.

POLICIES AND PERMISSION WAIVERS

CANCELLATION POLICY

All classes subject to cancellation based on funding and enrollment. Refunds will be given for any cancellation on the part of GMYS. Refunds for cancellations on the part of the participant will not be given.

SCHEDULING POLICY

All classes are subject to change based on funding and enrollment. Refunds will be given for any cancellation on the part of GMYS. Refunds for cancellations on the part of the participant will not be given.

ATTENDANCE POLICY

Students absent more than two days for the duration of the summer camp will be dismissed from camp (nonrefundable). Those with perfect attendance get access to new summer surprises and opportunities. Attendance at all concerts is mandatory.

Parent / Guardian Signature

Date

Permission to Transport

Comprehensive Parental/Guardian Consent Form and Liability Waiver
(Students cannot attend off-site field trips unless this waiver is signed)

I, **(Parents/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 damages 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 _____

Participant Medical Information

Please state below any medical or behavioral conditions your child has or has had that should be considered. Include any medication that needs to be administered while attending the program (allergies, present medication, activities to avoid, behavioral characteristics/techniques, etc). Please also state whether your child is at increased risk for COVID-19 due to preexisting medical conditions. Furthermore, indicate if there are any special needs and/or accommodations necessary that our staff needs to be aware of in order to provide the best possible care. **IF THERE ARE 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 participant's physical condition has been verified by a licensed medical doctor, and I consent to any needed medical treatment for the participant in the event of an emergency. I understand as the participant's parent or 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 _____



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. Parents/Guardians are expected to monitor the Online activity of their student. GMYS is not responsible for Internet usage and activity outside of our scheduled class offerings.

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.



I, as parent or legal guardian of student _____, recognize that the pandemic of COVID-19 is now occurring and may continue to be a serious danger during the entire term of the program for which I am now registering. If I elect to have my student attend any in-person classes or events, I will assure that he/she follows all disease safety protocols created by GMYS for this program; also, I will immediately inform GMYS if he/she exhibits symptoms of illness or has experienced an exposure to a person infected with COVID-19, and will follow GMYS' instructions regarding his/her future attendance. For all in-person events, I hereby assume the risk of contagion and I agree to release, hold harmless, defend and indemnify the Greater Miami Youth Symphony of Dade County, Florida, Inc. as well as Miami Christian School, Unitarian Universalist Congregation of Miami, and St. Johns Episcopal Homestead and all of its staff, agents, managers, directors, and officers of and from any liability for COVID-19 illness or related consequences, including any claims that are currently unknown but may arise in the future, and any claims of alleged negligence by the releasee.

I have read and understood the GMYS cleaning/sanitation and cancellation procedures as outlined on the website www.gmys.org

Signature _____

Printed name _____

Date _____