



## 2021-2022 MYami Coconut Grove Elem. REGISTRATION FORM

Student Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

### Coconut Grove Elementary School:

Tuesday K-1 Strings: 2-4pm

Wednesday 2-3 Strings: 2-4pm

Thursday 4-5 Band: 3:15-5:15pm

\* There are limited spaces available for students. Once classes are full, students will be placed on a wait list.

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Instrument: \_\_\_\_\_ Years of Study: \_\_\_\_\_ Do you take private lessons? ☐ Yes ☐ No

Private Teacher Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Instrument: \_\_\_\_\_ Years of Study: \_\_\_\_\_

Date of Birth (month/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: 

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☐ 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 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: \_\_\_\_\_

### Parent/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 Email: \_\_\_\_\_ Alt. Email: \_\_\_\_\_



## Student Medical Information

Please state below any medical or behavioral conditions your child has or has had that should be considered. Please also state if your child is at increased risk for COVID-19 due to any medical conditions. Include any medication which needs to be administered while attending the program (allergies, present medication, activities to avoid, behavioral characteristics/ techniques, etc.). Furthermore, please indicate 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.**

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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.)

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

**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
- ☐ Speaks but is difficult to understand
- ☐ Uses communication devices like pictures or a board
- ☐ Uses gestures or expressions like pointing, pulling, smiling, frowning or blinking
- ☐ Uses sign language
- ☐ 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)
- ☐ Problems with depression or anxiety
- ☐ Hearing impairment or deaf
- ☐ Speech or language condition
- ☐ Learning disability (school age)
- ☐ Visual impairment or blind
- ☐ Medical condition or illness
- ☐ 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:**

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*If you are interested in other services funded by The Children's Trust,  
please call 211 or visit [www.thechildrenstrust.org](http://www.thechildrenstrust.org). For special needs resources for your child, visit  
[www.advocacynetwork.org](http://www.advocacynetwork.org) or [www.thechildrenstrust.org/cwd](http://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. \_\_\_\_\_**

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

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

\$ 50.00  
Registration Fee

■ **ENSEMBLE TUITION (Pro-Rated Tuition Starting January 2022):**

☐ MYami- Coconut Grove Elementary School **\$300**

**\* MYAMI STUDENTS TO SUBMIT QUARTERLY SCHOOL GRADES REPORTS**

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

\$ \_\_\_\_\_

■ **2021-22 T-Shirts: \$20 each**

Shirt Size: ☐ YS ☐ YM ☐ YL ☐ AS ☐ AM ☐ AL ☐ AXL ☐ A2XL

\$ \_\_\_\_\_

■ **OPTIONAL Opt out of Volunteering 10 hours: \$100 fee per family**

\$ \_\_\_\_\_

■ **OPTIONAL DONATION**

☐ I would like to donate towards tuition of a student in need

\$ \_\_\_\_\_

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.

\$ \_\_\_\_\_

No refunds or tuition changes will be given for any class cancellations due to COVID-19 or any circumstances outside of the control of GMYS. If in-person classes must be shut down or postponed, virtual class options will be available for all students.

**TOTAL DUE:** \$ \_\_\_\_\_

**TOTAL PAYMENT:** \$ \_\_\_\_\_

Date: \_\_\_\_\_ Check: \_\_\_\_\_

FOR OFFICE USE ONLY: FA award (-) \$ \_\_\_\_\_

**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](http://www.gmys.org)

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 all of my information will remain confidential and will be properly safeguarded by GMYS. None of my information will be given to any third party without my prior consent.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

# GREATER MIAMI YOUTH SYMPHONY

## Parent Participation Agreement

Greater Miami Youth Symphony (GMYS) is a non-profit organization supported by the parents of students enrolled in GMYS. Parent participation and support is extremely valued and essential to the success of GMYS. Please read and agree to the following requirements when enrolling a student in the GMYS:

GMYS has always been at its core a parent run organization. In addition to the mandatory parent obligations outlined above, at least one parent from each family is required to **volunteer at least 10 hours** to the organization per year, **or donate \$100 to opt out** of the 10 hour volunteer obligation. Volunteer hours will be tracked in each ensemble and may include, but not limited to the following activities:

- Apply to participate on the GMYS Board of Trustees, or on any board committee. (Limited Space Available)
- Actively participate as Ensemble Parent Liaison
- Donate COVID-19 Sanitation Materials (hours given per supply donated)
- Assist at the Sanitation Stations
- Volunteer to assist with any other organizational duties such as clerical, office, music library, repairs, social media, publicity, marketing, website, technology, etc. (as requested and overseen by Executive Director or committee chairperson)
- Utilize any other unique and/or valuable skills which may further the betterment of the organization (as coordinated and overseen by Executive Director)
- Assist at Administrative office as coordinated and overseen by the Executive Director)
- Purchase or Solicit an advertisement for GMYS Season Playbill
- Collecting items for concert raffles

I have read and understand the parent support and participation requirements. I agree to the volunteer hours as stated, and understand if I am unable to volunteer my time, I will pay a \$100 fee to opt out of the 10 hour requirement. Agreement is per family, not per student. Families who pay the \$100 fee will be recognized as donors in the GMYS Playbill.

**I prefer to pay \$100 to opt out of the 10 volunteer hours requirement. Please make the check payable to GMYS.**  
\_\_\_\_\_ **Please Initial**

## Ensemble Attendance Student Contract

Attendance to **ALL** rehearsals and concerts is vital to the success of the GMYS program. The true musical and educational experience of the organization is dependent upon having every child at every rehearsal. Students should arrive **15 minutes prior** to the scheduled start of each rehearsal to tune and warm up. Rehearsals will end on schedule unless otherwise notified. Please report all absences in advance to the GMYS office (305) 667-4069 or via email at [info@gmys.org](mailto:info@gmys.org). Unexcused absences are those absences not reported to GMYS before rehearsal, excluding emergencies and extenuating circumstances. **Students with more than two unexcused absences in one semester will not be eligible to perform in the December or May concerts, will not be able to apply for summer camp employment, will be ineligible for current and future scholarships from GMYS, and will not receive community service hours from GMYS. Virtual students must have their cameras on during their Zoom meetings. Students not engaged will be considered as absent.** Students with an unexcused absence at a concert will be dismissed from GMYS. **The use of cell phones or other electronic devices is strictly prohibited during rehearsal time.** Students can be placed on probation for the following reasons. The ensemble director will establish terms of probation.

- Students who were ineligible to perform in a concert because of attendance
- Tardiness or absence from dress rehearsal
- Excessive tardiness (more than three) to weekly rehearsals
- Inappropriate behavior including but not limited to: disrespect, excessive disruption, unauthorized use of cell phone, etc.

Any student placed on probation can be declared ineligible to advance to the next orchestra, i.e. a Concert student with poor attendance might not be eligible to audition for Symphony. Seating can be affected by any unexcused absence or tardy and can also be affected by probation. Students are responsible for signing in at rehearsals with the designated personnel. Students with perfect attendance will be eligible for various gifts or honors. Rehearsal cancellations by GMYS due to severe weather conditions will be posted on the website and recorded on the office telephone. Dress rehearsals for concerts will take place the day of each concert prior to the performance. These rehearsals are the only opportunity for each orchestra to adapt to the acoustics and logistics of the stage. It also gives vital opportunity for each player to experience the venue in which the concert will take place. Please note that:

- Dress Rehearsals and Concerts are **mandatory. \*Subject to Change\***
- Anyone who misses Dress Rehearsal **will not be allowed to perform in the concert.**
- Unexcused absence from a Dress Rehearsal or Concert **may result in dismissal from GMYS for the remainder of the year.**

**CONCERT ATTIRE IS STRICTLY ENFORCED.** Failure to comply may result in a performer's loss of privilege, at the Conductor's discretion.

■ Concert Attire will be determined by ensemble.

**\*Community Service Hours will only be given out at the end of the fall and spring semesters.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



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. I recognize that I have the option to select a fully online program. 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 the facilities used 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](http://www.gmys.org)

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Date \_\_\_\_\_

# MYami 2021-2022 Schedule

## Service Sites:

**Coconut Grove Elementary School**

**3351 Matilda St, Miami, FL 33133**

Tuesday: 2-4pm

Wednesday: 2-4pm

Thursday: 3:15-5:15pm

Start Date: Tuesday, October 12, 2021

\*All locations follow Miami-Dade County Public Schools calendar.

Quarterly Grade Reports:

November 1st, 2021

January 24th, 2022

April 4th, 2022

June 8th, 2022