



GMYS Moving with the Music Summer Camp 2023

- Beginner Strings:** July 5th – July 28th (9:00 AM - 4:00 PM) St. Johns Episcopal 145 NE 10th St Homestead, FL 33030
- Beginner/Intermediate Band and Strings:** June 12th – July 21st (9:00 AM - 4:00 PM) at True North Dadeland (7900 SW 86th St, Miami, FL 33143)
- Intensive:** June 14th – June 28th at Christ the King Lutheran Church 11295 SW 57th Ave Pinecrest, FL 33156
- String Intensive: 9:00 AM - 2:00 PM
- Band Intensive: 10:30 AM - 3:30 PM

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 *Grade JUST Completed

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 Non Hispanic Haitian Other, please specify _____

Child's Race American Indian or Alaskan Asian Black or African American Pacific Islander White Multiracial Other, please 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.

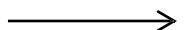
Continue to Next Page



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 5th, 2023 the student's slot will be forfeited. Once tuition payments are received, there will be no refunds unless classes are cancelled by GMYS. Tuition costs cover the entire duration of the camp (whether 2, 4, or 6 weeks) and must be paid in full even if the student is absent. Students must be fully registered in order to participate in any camp activities. See next page for Tuition & Fees. 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: _____

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 _____

Is your child in the Dependency System?

- Yes
- No

Is your child in the Delinquency System?

- Yes
- No

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. _____

TUITION & FEES

Tuition must be paid in full by June 5th, 2023. Once tuition payments are received, there will be no refunds unless classes are cancelled by GMYS. Tuition costs cover the entire duration of the camp (whether 2, 4, or 6 weeks) and must be paid in full even if the student is absent.

Scholarships are available on a first come, first served basis and are limited. Non-refundable \$60 registration fee must be paid in order to process your scholarship application. Apply early to have the best chance of receiving financial assistance!

To receive Financial Assistance you must provide a proof of need with any of the following: income tax return from 2022, notice of termination/furlough, documentation of unemployment, or any other approved proof of need. Please email all scholarship materials to Michelle Sanchez at msanchez@gmys.org. Families will be notified of their scholarship awards by the end of the first week of camp.

Payment plans available upon request. (additional \$25 fee) I would like a payment plan

True North Dadeland: 6-week camp

Beginner/Intermediate Strings/Band 9:00 AM - 4:00 PM

Young Mozarts \$525 Preparatory Strings \$525

Strings Orchestra \$525 Exploratory Strings \$525

Concert Band \$525

Exploratory Band \$525

Christ the King Lutheran: Intensive Camp (Advanced) 2-week camp (times listed below)

String Intensive \$525 9:00 AM - 2:00 PM

Band Intensive \$525 11:00 AM - 4:00 PM

For ALL CAMPS: A \$60 Non-refundable registration fee is due by June 5th, 2023 with this registration form.

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

Strings only - \$225

Young Mozarts 2+ yrs of experience

Advanced Prep 1+ yr of experience

Beginning Preparatory < 1 yr of experience

Exploratory Strings No experience

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 (Beginner/ 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

B OPTIONAL: BEFORE/AFTER CARE (St. John's Episcopal) \$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. After Care ends at 6:00 PM

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 and will be asked to show an identification upon arrival.



Payment Plan Form – Credit Card Authorization Form

Please complete this authorization form and return.

All information will remain confidential.

Return completed and signed form to: msanchez@gmys.org

Check Camp

_____ \$525 6wk True North _____ \$225 4 wk St. Johns _____ \$525 2wk Christ the King

Name as it appears on card: _____

Billing Address: _____

Email: _____ Phone Number: _____

Payment Method: _____ Check _____ Credit Card _____ Cash

Card Type: ___ Visa ___ Mastercard ___ Discover ___ AmEx Card Number:

Expiration Date (MM/YY): _____

CVC Security Code: _____ (3 digits on back of card, 4 digits if AmEx)

Please select your payment plan option: _____ June 6 _____ July 1 _____ July 22

- **Two payments - Select dates above**

_____ (Initial) I hereby authorize the Greater Miami Youth Symphony of Dade County Florida, Inc., to charge two payments towards my balance currently due on my account of \$_____ until the amount is paid in full.

- **Three payments - Select dates above**

_____ (Initial) I hereby authorize the Greater Miami Youth Symphony of Dade County Florida, Inc., to charge three payments towards my balance currently due on my account of \$_____ until the amount is paid in full.

(This must be agreed upon regardless of payment method).

_____ (Initial) I represent that I am the authorized cardholder, and that by signing below I understand and agree to the terms set forth in this agreement, and agree to pay, and specifically authorize the Greater Miami Youth Symphony of Dade County, Florida, Inc., to charge my credit card listed above for the services provided, including a \$3.00 convenience fee per transaction. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card upon request, to be charged for the payment of outstanding balances owed. I agree to pay for this purchase in accordance with the issuing bank cardholder/agreement. I understand that there is a one time \$25.00 fee for establishing payment plan accounts, and that charges made for services provided are non-refundable. Past due payment plan accounts may result in suspension or expulsion from the Greater Miami Youth Symphony of Dade County, Florida.

Student Name _____

Camp/Ensemble _____

Cardholder Signature: _____

Date: _____

Print Name: _____

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. Students dismissed from camp will not receive tuition refunds. 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 True North Classical Academy Dadeland, Christ the King Lutheran Church, 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 _____

**Please send completed
registration forms to
KatherineAM@GMYS.org**

**Please note that your registration is not
complete until payment is received.** Once we
have received your registration form, you will
be contacted about the status of your payment.
For any questions, please email
KatherineAM@gmys.org