



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

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

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

- |   |   |
|---|---|
| <input type="checkbox"/> Autism spectrum disorder                           | <input type="checkbox"/> Physical disability or impairment                |
| <input type="checkbox"/> Developmental delay (only if under age 5)          | <input type="checkbox"/> Problems with aggression or temper               |
| <input type="checkbox"/> Intellectual/developmental disability (over age 5) | <input type="checkbox"/> Problems with attention and hyperactivity (ADHD) |
| <input type="checkbox"/> Hearing impairment or deaf                         | <input type="checkbox"/> Problems with depression or anxiety              |
| <input type="checkbox"/> Learning disability (school age)                   | <input type="checkbox"/> Speech or language condition                     |
| <input type="checkbox"/> Medical condition or illness                       | <input type="checkbox"/> Visual impairment or blind                       |
|   | <input type="checkbox"/> 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](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.

<b>PARENT/GUARDIAN SIGNATURE</b> _____	<b>DATE</b> _____
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**FOR STAFF USE ONLY (MUST BE COMPLETED)**

ORGANIZATION \_\_\_\_\_ SITE \_\_\_\_\_

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

## TUITION & FEES

1. A **\$50** Non-refundable Application Fee is due by **May 1, 2019** with this registration form

2. **Tuition must be paid in full by May 15, 2019** (see the chart below for possible Reduced Tuition Rates – if you believe that you qualify for a Reduced Tuition Rate, your most recent tax return MUST be attached to this form along with the \$50 non-refundable application fee)

Family Income (Adjusted Gross Income)	Tuition for Jorge Mas Canosa
Above \$53,000	\$525
Above \$48,000	\$445
Above \$43,000	\$315
Above \$38,000	\$185
Under \$38,000	Free

\*Most recent tax return **MUST** be attached to this form to be eligible for reduced tuition rates. Contact GMYS staff regarding special circumstances. Payment Plans are available upon request.

3. OPTIONAL: **BEFORE/AFTER CARE - \$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**

My child(ren) \_\_\_\_\_ will require Before and/or After Care during the GMYS Summer Music Camp. I will sign 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 7:30am or picked up after 6:00pm. 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 6pm, 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 below 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 below:**

Name	Relationship to Child	Place of Employment	Work Number	Cell Number

## ATTENDANCE POLICY

Students absent more than six (6) days for the duration of the six-week summer camp will be dismissed from camp and not be allowed to participate in next year's summer camp. Attendance at all concerts is mandatory.

**By signing below, I agree to all statements and requirements above.**

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

## **ELECTIVES**

Elective assignments are first-come first-serve and are also determined by staff according to the student's current musical level. GMYS will try to accommodate your requests however due to scheduling and availability, a student might not be able to participate in all the electives they have chosen. Students that play a band instrument will be placed in band and select their elective below. String students will be placed in one of three levels of orchestra prior to the start of camp. Students in level 1 orchestra will be assigned to recorder class and general music during elective times. Students in level 2 orchestra will select their electives below, and all students in level 3 orchestra will participate in chamber music for 6 weeks. Regardless of the level in which you expect to be placed, **please mark electives numerically according to preference. Mark at least 3 classes.**

\_\_ Music Theory

\_\_ Chorus

\_\_ Jazz Band

\_\_ Recorder Ensemble

\_\_ String Chamber Music (all 6 weeks)

\_\_ General Music

## **Teacher Recommendation**

Students will be divided into ensembles based on grade level and ability level. There will be orchestra and band ensembles for students in grades K-5 and students in grades 6-12. Students in grades 6-12 must have at least one year training on their instrument and be able to play the following requirements. Students in grades K-5 need no prior experience. Conductors/Teachers may attach a letter describing the student's current skill level to assist us with placement (*this is not required*).

### **Grades 6-12 REQUIREMENTS (Excluding Grades K-5, no prior experience needed)**

**Violin:** 1 octave G, D or A Major scale

**Viola and Cello:** 1 octave C or D Major Scale

**Bass:** 1 octave D or G Major Scale

**Winds, Brass, Percussion:** 1 octave Bb Major Scale, or 1 octave chromatic scale from Concert Bb

**All:** Experience with Grade 1, Suzuki Book 1, Essential Elements Book 1, or Standards of Excellence

**\*\*Children with disabilities do not need prior experience to enroll in the camp however do need to submit their most updated IEP so that GMYS staff can discuss the accommodations needed for the student. \*\***

**Is the student currently a member of GMYS?**

**If Yes: Please ask your GMYS conductor to sign below.**

**If No: Please ask your private teacher or school conductor to sign below.**

Student Instrument: \_\_\_\_\_ Years of study: \_\_\_\_\_

\_\_\_\_\_  
Conductor/Teacher Signature

\_\_\_\_\_  
Conductor/Teacher Print Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email

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

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, 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 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.

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Contact Information and Authorization Pick-Up**

Children will ONLY be released to the individuals listed below in the table and in the Additional Authorization Pick-Up List below.

Name	Relationship to Child	Place of Employment	Work Number	Cell Number

**Additional Authorization Pick-Up List: Who else has permission to pick-up your child from camp?**

Please list their names here:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 \_\_\_\_\_

**Participant 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, 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 the 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.

\_\_\_\_\_  
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.

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