

TAKE NOTE BAND Program Registration Form

TAKE NOTE After School Program

Is a program that teaches children, grades 3-8, instrumental music with an emphasis on jazz. Children experience belonging, build healthy self-esteem, develop collaboration and leadership skills while learning to play brass, woodwind or percussion instruments in a band setting. They are supported academically with homework help and skill building activities.

DAILY SCHEDULE: After School supervision at “TAKE NOTE” begins at 3:30 pm and ends promptly at 6:00 pm:

3:30 pm – 3:45 pm: Welcome/Snack/Arrival Activities

3:45 pm – 4:45 pm: Homework Help & Academic Skills Building

4:45 pm – 5:45 pm: Band

5:45 pm – 6:00 pm: Clean Up & Pick-Up from the program

SESSIONS: TAKE NOTE is offered after school throughout the school year on Thursdays running for 3 Sessions:

Session 1: October 12 – December 7, 2017

Session 2: January 11 – March 8, 2018

Session 3: March 22- May 31, 2018

Save the Date for “Take Note” annual recital: May 31, 2018

For best results, participants in “TAKE NOTE” are expected to complete all three sessions. A Certificate of achievement is provided for all children who complete the program and meet its milestones/expectations. “TAKE NOTE” instructors will provide feedback to parents/guardians at the end of each Session.

PAYMENT: The cost for each session is \$50.00 to be paid in full at the start of/prior to each Session. Participants who need to borrow an instrument must sign a commitment form and provide a \$50.00 deposit at the start of/ prior to beginning “TAKE NOTE”. This deposit is fully refundable if the instrument is cared for and returned in good condition by the assigned date. Choice of an instrument is on a first come, first serve basis. Payment is accepted by cash, cheque or money order (made out to Malvern Methodist Church).

Presented by The HopeWorks Connection in Partnership with Malvern Methodist Church

www.HOPEWORKSCONNECTION.ca 416-939-1702

Malvern Methodist: 416-283-8008

TAKE NOTE BAND Program Registration Form

Name of Child: _____ Age: _____

Name of Parent/Guardian _____

Preferred Phone Number in case of emergency: _____

Address: _____

Phone: _____ Email: _____

How did you hear about TAKE NOTE BAND Program?

Musical information of Choice: (choose any (3) three of the instruments below, ranking them by 1st Choice, 2nd Choice, 3rd Choice:

_____ Flute _____ Clarinet _____ Alto Saxophone _____ Trumpet
_____ Tenor Saxophone _____ Trombone _____ Baritone _____ Percussion

Is your child able to bring their own instrument? If so, which of the above instruments?

Has your child experience in playing any of the instruments listed above? If so, what:

Years of experience: _____ 1 year _____ 2-3 years _____ 4 or more years

Where did your child gain their instrumental music experience?

(check all that apply):

_____ School instruction _____ The Royal Conservatory of Music

_____ Private Lessons _____ Picked up and plays by ear

_____ Other (please specify): _____

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Acknowledgement of Inherent Risk

I hereby authorize my child to attend TAKE NOTE BAND program. I acknowledge and understand there are inherent risks associated with children's activities. I recognize that my child's attendance at TAKE NOTE BAND program is a privilege and as a consideration for this privilege, I release The HopeWorks Connection and Malvern Methodist Church, including their directors, officers, employees, volunteers and agents from responsibility for any accidental physical injury including death or illness, and loss of personal property, while my child is engaged in programming.

Parent/Guardian Initials: _____

Health Information and Waiver

Health Card Number: _____

Vital Medical Information (allergies, medication etc.):

Please describe any medical or dietary information, which must be addressed and what we should be aware of:

Medication accompanying Child: _____

Doctor's Name: _____ Doctor's Phone _____

Please mark Dietary Snack Preferences:

___ Regular (My child eats most everything he/she likes)

___ Regular with an allergy (My child eats most everything he/she likes but has an allergy)
Allergy _____

___ Vegetarian (My child doesn't eat meat but eats dairy products & fish)

___ Strict Vegetarian (My Child doesn't eat meat, fish or dairy)

PLEASE NOTE: In providing snacks, neither The HopeWorks Connection, nor Malvern Methodist Church will be responsible for providing specialized foods, etc. While we do our best to accommodate children's needs, we will not be responsible for strict adherence.

ANY HIGHLY SPECIALIZED DIETARY NEEDS SHOULD BE PROVIDED FOR BY PARENT/GUARDIAN. TAKE NOTE is done in a Nuts-Free Environment

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TAKE NOTE BAND Program Registration Form

Drop-Off/Pick-Up Arrangements

TAKE NOTE ends promptly at **6:00 pm**

Please initial as applicable:

____ My child will be coming on his/her own and I grant permission for them to be released directly from TAKE NOTE by **6:00 pm**.

____ My child will be coming on his/her own and I will pick them up from TAKE NOTE by **6:00 pm**

____ I will drop off and pick up my child or make arrangements for the designated person/ person(s) below to do so by **6:00 pm**

(Persons other than parent or guardian picking up must show driver's license or another photo ID before student will be released)

Designated Person(s) Names:

Photo Media Release

Please indicate your choice below with an (X):

____ **I hereby give permission** for images of my child, captured via standard and/or digital photography and videography, to be used solely for the purposes of The HopeWorks Connection/ Malvern Methodist Church's publications and promotional materials in print or electronically, and understand that I wave any rights of compensation or ownership thereto.

____ **I do not give permission** for images of my child, captured via standard and/or digital photography and videography, to be used for the purposes of publications and promotional materials in print or electronically.

Parent/Guardian Initials: _____

Authorization:

I have read through, understand, filled out and agree to adhere to all policies articulated in TAKE NOTE BAND Program's registration package comprised of the following: Acknowledgement of Inherent Risk; Health Information and Waiver; Drop Off/Pick Up arrangements.

Date: _____ Name Parent/Guardian: _____ (please print)

Signature: _____

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