

YOUTH AND FAMILY ENRICHMENT SERVICES



Registration Form

Today's Date: ____/____/____

Please circle one:

New

Returning

Student's Name: _____

Date of Birth: _____

Phone Number: _____

Grade: _____

Please select the program(s) of interest:

_____ Music Program (OAMEC)

_____ After School Program

_____ Summer Program

Note: Submitting your applications does not automatically guarantee your child's acceptance to the program. A confirmation letter will be sent out to every parent whose child is accepted into the program

PLEASE RETURN THIS APPLICATION TO:

Youth and Family Enrichment Services (YOFES)

1234 Hyde Park Avenue, Suite 104

Hyde Park, MA 02136

For questions and/or further information, call us at (617) 364-0370

Thank you for your interest in YOFES

STUDENT INFORMATION (PRINT)

FIRST Name _____ Middle initial _____ LAST Name _____ Gender _____
Street Address _____ Apt. # _____
City _____ State _____ Zip Code _____
HOME Phone _____ Mobile _____

SCHOOL INFORMATION

Grade: _____

School Type (Circle one): Public Private Charter Parochial Other

School Name: _____ Phone : _____

School Address: _____ City: _____ Zip: _____

EMAIL: (PRINT) _____

PARENT/GUARDIAN INFORMATION

Parent 1/Guardian 1: _____

Address (*If different from student*): _____

City: _____ State _____ Zip Code _____

Home Phone (*If different from student*): _____ Cell Phone _____

Employer: _____ Work Phone : _____

EMAIL (PRINT): _____

Parent 2/Guardian 2: _____

Address (*If different from student*): _____

City _____ State _____ Zip Code _____

Home Phone (*If different from student*): _____ Cell Phone _____

Employer: _____ Work Phone: _____

EMAIL: (PRINT) _____

EMERGENCY INFORMATION

- Name _____ Relationship to student _____
Phone Number _____
- Name _____ Relationship to student _____
Phone Number _____

TRANSPORTATION

Parents are responsible for providing transportation to and from the program(s):

Please tell us how your child will go to and from the program(s) each day:

- I will provide transportation for my child
- I am comfortable with my child taking public transportation
- I am arranging carpool with other parents.
- Other (Please specify) _____

WE NEED YOU!

Volunteer Opportunities

Here at YOFES we have many opportunities for parents and families to participate. Volunteering is a great way you can help make our program stronger. We welcome parent and family involvement and hope you will consider serving in one or more of the following ways:

- Serve on the parent advisory council
- Chaperon at events
- Carpooling to and from events
- Set-up and break-down (move music stands, chairs, etc.)
- Serve on planning committees
- Provide snacks for events

- YES**, I would like to help in a volunteer capacity (*we will contact you when we need volunteers*)

HEALTH INFORMATION

Please fill in the following information and return it with the application form. This information is important in case of illness or emergency. This information will be kept confidential and shall only be used by the program to provide necessary, immediate treatment for your child.

Which type of insurance do you have?

- Free Care (HealthNet) MassHealth Healthy Start None
 Medical Security Plan Harvard Pilgrim Blue Cross Blue Shield
 Other Private Insurance (Specify) _____

If you do not have health insurance, would you like us to send you information about health insurance coverage for children? Yes No

If emergency medical attention is necessary and we cannot reach you, do you authorize staff to initiate medical treatment (please check one) YES ___ NO ___?

Hospital/Health Center where you take your child if he/she is ill

Name _____

Address _____ Phone _____

Known Allergies: **(Include dietary and medical)** _____

Regular Medications: _____

I certify that documentation of physical examination and immunization in accordance with public school health requirements and lead poisoning in accordance with public health requirements are on file at my child's school.
(Parent/Guardian initials) _____.

Does child have any disability that requires special needs or seat arrangement?

Please Check one: YES ___ NO ___

If yes, specify _____

Is there any additional information of which we should be aware?

Photo Release Form

I hereby grant YOFES the following rights:

1. To use my child's name, photograph, picture, portrait, likeness and voice (hereinafter collectively known as image) in connection with its educational and promotional materials or for any other legitimate purpose.
2. To use, reproduce, publish, exhibit, distribute and transmit my child's image individually or in conjunction with other images or printed matter in the production of brochures, motion pictures, television, sound recordings, still photography, internet, theatre, exhibition, and/or other media.
3. To record, reproduce, amplify and simulate my child's image and all sound effects produced.
4. To copyright, in its own name, works that contain my child's image.

I give permission for my child to participate in Youth and Family Enrichment Services' OAMEC program. I release YOFES and its subsidiaries from any and all liability in the event of injury to my child during any OAMEC-related activity. I understand that YOFES does not assume responsibility for children who leave any YOFES premises without staff or chaperone supervision during, before, or after OAMEC-related activities. In the unlikely event that medical attention may be necessary for my child, I give consent for the emergency medical treatment of my child, and am liable in full for any and all medical expenses that may incur as a result.

I waive the right to inspect and approve my child's image or any finished material that incorporate my child's image.

I waive any and all claims, demand, rights, and causes of action of whatever kind that may arise from the use of my child's image against the YOFES/or its employees, officers and/or agents based upon or related to its use or publication of my child's image. This waiver includes all claims for libel and invasion of privacy.

I freely give this authorization without expectation of compensation, now or in the future.

SIGNATURES

To my knowledge, the information provided in this application is accurate.

Student's Name (print) _____

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____ Date ____/____/____

OAMEC Program

Please SELECT an instrument: Violin Viola Cello Guitar
 Clarinet Flute Saxophone Piano

Does your school have an orchestra program? (Circle one) YES NO

Does your school have a band program? (Circle one) YES NO

Does your school have a choral program? (Circle one) YES NO

Do you plan to participate in other youth music programs? YES NO

If yes, please list: _____

SCHEDULE PREFERENCE: We will do our best to schedule your child's lesson (30 minutes) to accommodate your preferred schedule. Please note that this may not always be possible. We appreciate your flexibility.

*To facilitate efficient scheduling please check **ALL** possible lesson day/times:*

| Mond. | Tues. | Wed. | Thurs. | Fri. | Sat. |
|--------------|--------------|-------------|---------------|-------------|---------------|
| 3:00-3:30 | 3:00-3:30 | 3:00-3:30 | 3:00-3:30 | 3:00-3:30 | 10-10:30 am |
| 3:30-4:00 | 3:30-4:00 | 3:30-4:00 | 3:30-4:00 | 3:30-4:00 | 10:30-11am |
| 4:00-4:30 | 4:00-4:30 | 4:00-4:30 | 4:00-4:30 | 4:00-4:30 | 11:00-11:30am |
| 4:30-5:00 | 4:30-5:00 | 4:30-5:00 | 4:30-5:00 | 4:30-5:00 | 11:30am-12pm |
| 5:00-5:30 | 5:00-5:30 | 5:00-5:30 | 5:00-5:30 | 5:00-5:30 | 12:00-12:30pm |
| 5:30-6:00 | 5:30-6:00 | 5:30-6:00 | 5:30-6:00 | 5:30-6:00 | 12:30-1:00pm |
| 6:00-6:30 | 6:00-6:30 | 6:00-6:30 | 6:00-6:30 | 6:00-6:30 | 1:00-1:30pm |

TUITION AND PAYMENT PLAN

REGISTRATION FEE: \$20 (non-refundable)

ENSEMBLE PARTICIPATION FEE: \$20

MONTHLY TUITION FEE: \$80/ four (4) lessons

NOTE: *The real cost of music programming at YOFES are not covered entirely by your monthly tuition payments and fees. The true cost per child for OAMEC for one school calendar year amounts is over **\$3000** of which you are asked to contribute only a portion. In essence all OAMEC students receive a partial scholarship thanks to our generous supporters and funders.*

Any request for additional scholarship consideration must be submitted to the Program Director. *Bring a recent pay stub/W-2, any Mass Health base program (SSI/SSDI, Food Stamp, BPS school lunch, Unemployment Ins.)

All instruments owned by YoFES must be returned

once private lesson is stopped.