MusicReach Summer Institute Registration Form

Choose one location: ☐ **MAYS** ☐ **MAS**

Child's Last Name _____ **First** _____ **Middle Name** _____

Child's Date of Birth (MM/DD/YYYY) ☐☐ ☐☐ ☐☐☐☐ **Child's Gender** ☐ Male ☐ Female

Miami-Dade County Public Schools ID # ☐☐☐☐☐☐☐ ☐ No M-DCPS ID #

Child's current school _____

Is your child proficient in English? ☐ Yes ☐ No

Other language(s) spoken in your home ☐ Spanish ☐ Haitian Creole ☐ Other:_____ ☐ None

Street Address _____ **City** _____ **Zip Code** _____

Child's ethnicity ☐ Hispanic ☐ Haitian ☐ Other, please specify: _____

Child's race (select only one) ☐ American Indian or Alaskan ☐ Asian ☐ Black or African-American ☐ Pacific Islander ☐ White ☐ Other ☐ Multiracial

Child's current grade ☐☐

Does child have health insurance? (ex., private insurance, KidCare, Medicaid) ☐ Yes ☐ No
(If not, we may be able to help you find affordable coverage – call 211 or visit www.thechildrenstrust.org/parents/health-connect/insurance.)

Child's primary parent/guardian (full name) _____

Primary parent/guardian email address _____

Primary Phone Number ☐☐☐ ☐☐☐ ☐☐☐☐ **Is this a cell/mobile phone?** ☐ Yes ☐ No

(Please note that The Children's Trust may contact you via postal mail, email and/or text to ask about your satisfaction with these services, and to make you aware of other Trust-funded programs, initiatives and events you may be interested in.)

Student email address _____

Student Phone Number ☐☐☐ ☐☐☐ ☐☐☐☐ **Is this a cell/mobile phone?** ☐ Yes ☐ No

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
- ☐ Counseling for emotional concerns
- ☐ Daily medication (not including vitamins)
- ☐ Occupational therapy (OT)
- ☐ Physical therapy (PT)
- ☐ Special education services in school
- ☐ Speech/language therapy
- ☐ 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
- ☐ Developmental delay (only if under age 5)
- ☐ Intellectual/developmental disability (over age 5)
- ☐ Hearing impairment or deaf
- ☐ Learning disability (school age)
- ☐ Medical condition or illness
- ☐ Physical disability or impairment
- ☐ Problems with aggression or temper
- ☐ Problems with attention and hyperactivity (ADHD)
- ☐ Problems with depression or anxiety
- ☐ Speech or language condition
- ☐ Visual impairment or blind
- ☐ 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. 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**_____

AUTHORIZATION FOR PHOTOGRAPHY/VIDEO

I, _____, the parent or guardian of _____, hereby authorize and give consent to the staff of The Children's Trust of Miami-Dade County and/or its funded service providers as follows:

I hereby:

consent and authorize **OR** **do not consent and authorize**

the staff of The Children's Trust of Miami-Dade County and/or its funded service providers to take/use still photographs, digital photographs, motion pictures, television transmissions 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 or its funded service providers.

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 and its staff, funded service providers, employees, agents, affiliates and board members.

Music Teacher Recommendation

Please have your music teacher sign below that they recommend you for the program or have them email us a recommendation at musicreach@miami.edu

_____ _____

Signature Print Name

_____ _____

Email Date

Does your child qualify for MDCPS free/reduced lunch _____☐_____ YES _____☐_____ NO

Student instrument(s) _____ Years of Study _____

Equipment Agreement

MusicReach will provide some instruments and equipment to students during participation in the program, which must be returned in good condition when requested, including the use of IPads. If a student leaves the program early, IPad MUST be returned to MusicReach.

Medical Consent

I understand that there are some risks inherent in the activities that are included in The Shalala MusicReach's program, but willingly assume these risks in order to allow my child to participate. If I cannot be reached in the event of an emergency, I give permission for any care or treatment by a physician, surgeon, hospital, nurse, doctor's assistant or medical care facility that may be required.

Emergency Contact (if guardian/parent can not be reached)

Name _____ Primary Phone _____

Name _____ Primary Phone _____

Participant Medical Information

Please state below any medical or behavioral conditions your child has or has had that should be considered. (Allergies, present medication, activities to avoid, behavioral characteristics/techniques, etc).

_____

_____

_____

Transportation (Must be signed for transportation to and from Frost)

I fully understand that transportation to and from Shalala MusicReach programming is provided by only properly licensed and insured commercial carriers. I further understand that Shalala MusicReach staff members or teachers are never permitted to transport my child in any other vehicle, except in the event of an emergency. I authorize Shalala MusicReach to exercise his/her judgment in determining the existence of a transportation emergency and its safest and most logical resolution. I hereby release and hold harmless Shalala MusicReach against any liability, loss, or expense incurred or suffered in consequence of any action or actions, suit or suits, in law or equity, which may be brought by any person or persons in connection with, or with reference to, the administration, planning, preparation, development, conduct, and execution of Shalala MusicReach program.

Scholarship slots are valued at $3,000. If you accept a scholarship slot, you agree to attend all program days excluding illness and excused absences (max 2) cleared in advance with MusicReach. Please attach a registration check of $25 written to University of Miami to this application or pay online at https://musicreach.frost.miami.edu/programs-and-projects/summer-camp/index.html . Contact MusicReach if you can not pay the $25 registration fee.

Parent/Guardian Signature _____ DATE _____

Questions: Contact Shalala MusicReach at: phone:305-284-6755, text: 305-439-7349 email: musicreach@miami.edu, mailing address: 5501 San Amaro Drive, Volpe 205, Coral Gables, 33146

Please submit SIGNED forms to the physical address or email above.