

Date of Application _____ Entered into Database _____ Amount Received _____

Registration \$25

Returning New Enrollment 3-8 \$145 3-8 \$29 Daily (1 yr. minimum experience required)

El Sistema Somerville Registration 2024-2025

Gr 3-8: Mon Tues Wed Thurs Fri

Child Name _____ Age _____
Last First Middle as of 8/31/24

Date of Birth _____ Grade for 2024/25 _____ School _____ Teacher _____

Home address _____ Somerville, MA Zip Code _____

Male Female Height _____ Weight _____ Skin Color _____
Identify Features Hair Color _____ Eye Color _____ Birth Marks _____

Dietary Restrictions/Food Allergies _____

Religious or Other Special Considerations _____

Parent/Guardian (1) _____		
Relationship to Child	<input type="checkbox"/> Mother	<input type="checkbox"/> Father
	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Other Relative	<input type="checkbox"/> Foster Family
Email _____		
Phone _____		
Home	Mobile	Work
Home Address _____		
Street Number, Name & Apt.		City & Zip Code
Work/School _____ Scheduled Weekly Hours at Work/School _____		

Parent/Guardian (2) _____		
Relationship to Child	<input type="checkbox"/> Mother	<input type="checkbox"/> Father
	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Other Relative	<input type="checkbox"/> Foster Family
Email _____		
Phone _____		
Home	Cell	Work
Home Address _____		
Street Number, Name & Apt.		City & Zip Code
Work/School _____ Scheduled Weekly Hours at Work/School _____		

Medical History and Emergency Consent Form

Emergency Contact Information (please provide 2 additional adults not including parent/guardian)

Adult Contact #1			
Name _____	Relationship to child _____		
Local Address _____			
Street _____	City _____	State _____	Zip _____
Phone _____			
Home _____	Work _____	Cell _____	

Adult Contact #2			
Name _____	Relationship to child _____		
Local Address _____			
Street _____	City _____	State _____	Zip _____
Phone _____			
Home _____	Work _____	Cell _____	

Health and Developmental History

In order for us to best meet the needs of your child, please provide the following information below:

- Allergies (bee, food, medication) yes no _____
- Seizures/Epilepsy yes no _____
- Hearing/Vision Impairments yes no _____
- Chronic Illness (asthma, diabetes) yes no _____
- Serious Illness yes no _____
- Emotional concerns/disorder yes no _____
- Nosebleeds yes no _____
- IEP/504 Special Limitations* yes no _____
- **List all Medications yes no _____

If your child will be taking any medications during El Sistema hours, we will need the **medication with the prescription label. Please read and sign below.

Name of Medication: _____ Time/Dosage: _____
Reason for medication: _____ Directions for storage: _____

I, _____ give permission to authorized staff member(s) to administer medication to my child as indicated above.

Date of last physical examination _____

List of Immunizations and date of last Booster and Tetanus: _____

Child's Physician/Clinic _____

Address _____ Phone _____

Insurance Information and Policy # _____

In case of an emergency, your child will be taken to Somerville hospital or the nearest hospital for treatment unless otherwise specified here:

I authorize El Sistema staff who are trained in the basics of first aid/CPR to give my child first aid when appropriate.

Parent/Guardian Signature _____ Date _____

Transportation Plan

Transportation information will be used if/when we return to in person programming

Child Name _____
Last First Middle Initial

My child will arrive to the program by:

- Supervised Walk by Teacher
- District Bus (SPED, SEIP, ELL)
- MBTA Bus (students 12 and over can get a pass from Central Administration)
- Unsupervised Walk (*students in Grades 5 and up only*)
- Other (describe) _____

My child will depart from the program by:

- Parent Pick up
- Supervised Walk by whom _____
- DCF Provided Van
- Unsupervised Walk (*Students in 4th-8th grade with written parent/guardian permission*)
- Other (describe) _____

Authorization for Dismissal from Program

I agree to adhere to the program hours and will pick up my child by **5:30pm**, Monday–Friday.

I give permission for my child to be released from the program:

- NO ONE** except the **Parent/Guardians** listed on page 1 of this registration packet
- To the adults listed as **Emergency Contacts** on page 2 of this registration packet
- Parents/Guardians, Emergency Contacts** and the additional **Authorized Adult** listed below:

Name _____ Relationship to child _____

Local Address _____
Street City State Zip

Phone _____
Home Work Cell

ANY OTHER TRANSPORTATION REQUESTS MUST BE STATED IN WRITNG AND MAINTAINED IN THE CHILD'S FILE OR THE ABOVE PLAN MUST BE IMPLEMENTED. PLEASE INFORM PROGRAM STAFF OF ANY CHANGES. VERBAL OR WRITTEN PERMISSION AND PICTURE ID IS REQUIRED FOR ANYONE NOT INCLUDED ON LIST ABOVE.

Allergy Alert!

****Please be advised that there may be students in **El Sistema Somerville** who have food allergies including ALL NUTS (peanuts and tree nuts) and EGGS. Please do not pack any food from home that may contain nuts or egg.**

Please notify program administration about any additional food and/or other allergies to ensure immediate action to keep all students safe.

Parent/Guardian Signature _____ Date _____

Child and Family Individualized Information

In order to provide the best care to your child, please complete the following information.

Is your child receiving any special education services? Yes No
(IEP, 504, sheltered classroom, occupational therapy, speech therapy, counseling)

How would you describe your child's behavior on a typical day and what is the best type of discipline (i.e. plays well with others, is withdrawn, is energetic, taking space/timeout is helpful)?

Does your child require assistance during transitions such as to the restroom, another activity or specialized assistance during homework time?

Family and Child Information

Family Size (including yourself and any adults who live in your household)	Total #	Adults #	Children #
Housing (Check one)	<input type="checkbox"/> Live with Relatives <input type="checkbox"/> Own home	<input type="checkbox"/> Rent Apartment <input type="checkbox"/> Housing <input type="checkbox"/> Homeless	<input type="checkbox"/> Shelter <input type="checkbox"/> Other
Living Situation (Check all that apply)	<input type="checkbox"/> 2 Parents <input type="checkbox"/> Female Headed <input type="checkbox"/> Foster	<input type="checkbox"/> Grandparent <input type="checkbox"/> Male Headed	<input type="checkbox"/> Teen Parent <input type="checkbox"/> Other
Marital Status (Check one)	<input type="checkbox"/> Married <input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Single
Parent's Primary Language Spoken at home (Check one)	<input type="checkbox"/> African dialect <input type="checkbox"/> Chinese dialect <input type="checkbox"/> English	<input type="checkbox"/> Haitian Creole <input type="checkbox"/> Portuguese	<input type="checkbox"/> Spanish <input type="checkbox"/> Other
Employment Status Parent/Guardian 1	<input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time	<input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled	<input type="checkbox"/> Attending School <input type="checkbox"/> DTA Assistance
Employment Status Parent/Guardian 2	<input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time	<input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled	<input type="checkbox"/> Attending School <input type="checkbox"/> DTA Assistance
Child's Languages (Check all languages that the child speaks)	<input type="checkbox"/> African dialect <input type="checkbox"/> Chinese dialect <input type="checkbox"/> English	<input type="checkbox"/> French Creole <input type="checkbox"/> Portuguese	<input type="checkbox"/> Spanish <input type="checkbox"/> Other
Child's Ethnicity (Check one)	<input type="checkbox"/> African American <input type="checkbox"/> African <input type="checkbox"/> Asian	<input type="checkbox"/> Cape Verdean <input type="checkbox"/> Caribbean <input type="checkbox"/> Caucasian	<input type="checkbox"/> Haitian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other

Music Instrument Choice

Please select your child's instrument preference below. All students will have a chance to try out an instrument(s) in **September 2024** and will be fit for the correct size instrument at this time.

- Violin Viola Cello Bass
 Flute Clarinet Saxophone
 Trumpet Trombone Euphonium

Parent/Guardian Signature _____ Date _____

El Sistema Somerville 2023-2024 Parent/Guardian Contract

Child Name _____

Last

First

Middle Initial

By signing this contract, I agree to terms below:

- I agree to pay the \$25.00 non-refundable registration fee at time of enrollment.
- I understand that payment is due one week in advance on Fridays (for the following week) or on Mondays (for the current week) and that my child will not be permitted to stay at the program if the weekly fee has not been paid.
- I understand that payments are based on a flat fee and will NOT be pro-rated for holidays and days not attended, including sick days and snow days as outlined in the Family Handbook.
- All tuition payments must be made by check or money order. No cash will be accepted. I understand that there will be a \$30.00 fee assessed to my account for returned checks. (Two (2) returned checks will result in money order payments for the remainder of the year).
- I authorize El Sistema to administer basic first aid and CPR or to seek medical care in the event of an emergency. I understand that the program staff will make every reasonable attempt to contact me, should injury occur.
- I hereby consent to my child(ren)'s participation in El Sistema activities, including field trips requiring transportation and other off-site activities such as: visits to local parks, performances in the Somerville and Greater Boston communities, neighborhood walks, etc. daily from 2:30pm (12:00pm on early release days). In giving this consent, I agree that I will not bring suit against program staff or their employers for damage or personal injury incurred by my child while participating in program activities.
- Photographs and/or video recordings may be taken during the program for use by Somerville Public Schools for materials and/or submitted to the media. For the privacy and safety of all, the use or appearance of use (showing the device in such a way that could lead an individual to believe they are being photographed or recorded) of any electronic device is not permitted in any locker room or bathroom in the SPS or in any locker room or bathroom at any school sponsored event. Photographing or recording is prohibited in the SPS unless authorized for educational or school purposes.
- I understand that El Sistema reserves the right to dismiss any participant for continual behavior issues consistent with the behavior management policy as outlined in the Family Handbook.

Photo Release Agreement:

I give permission for my child's photo to be taken and used for educational and promotional purposes in social media posts in the ESCS school newsletters, Somerville local newspapers, El Sistema Somerville website and El Sistema Somerville Facebook page. Yes No

Parent/Guardian Signature _____

Cancellation Policy: Withdrawal from the program requires a two-week written notice. The cancellation date will be counted from the date the written notification is received. Cancellations should be emailed to the Director of El Sistema Somerville at the East Somerville Community School.

**ALL COMPLETED REGISTRATIONS SHOULD BE EMAILED:

eperry@k12.somerville.ma.us

cserna@k12.somerville.ma.us

Parent/Guardian Signature _____ Date _____

El Sistema Financial Assistant Application

The following information (if applicable) is required and should be submitted along with application:

- Proof of Residency
 - A utility bill from the previous month with your name and address, or a copy of your current yearly lease, or a voided check and bank statement with legal name and address.

- Proof of Income
 - 1 month of recent paychecks for all adult members of household
 - A official letter from your employer and copy of recent tax return if you do not have paystubs
 - Child Support statement
 - Any other documents of income such as SSI, SSDI, DTA, pension, retirement
 - If you are self-employed, you need to provide your last tax return and other possible documents per request. Or, a letter from employer with social security or Federal Tax ID, hourly rate and hours per week on a letterhead with signature and phone number. You will also be required to complete a self-employed packet if a subsidized slot is available
 - If in school, a copy of your schedule of registered classes for a semester or an official letter indicating the type of training, hours per week, and start and end date

- You must have a demonstrated need for after-school care. This includes:
 - Parents/guardians working over 20 hours per week
 - Parents/guardians in training or education program
 - Parent Incapacity and need for child care including a letter from a physician
 - Child with Special Needs (Please submit IEP) and parent working at least 20 hours per week or in a school or training program

- Birth Certificates for all children in family and or documentation of legal guardianship if adoptive

- Social Security Numbers for all children. Custodial parents/guardians will also be asked for social security numbers; however, children will still be accepted into the program if number of parent's is not provided.

- Photo Identification of custodial parents/guardians

Please do not submit application until you have all supporting documentation.

For Office Use Only

Program Applying for _____

____ New Application ____ Renewal

Date Returned for additional information or if not eligible (if applicable) _____

Date Completed Application Received _____

Date of Scholarship Award Letter _____ Last Year's Rate _____ New Rate _____

Staff Initials _____

Comments: