



# PROGRAM APPLICATION FORM BRONSON CENTRE [2016/17]

CHARITABLE NO: 83246 7153 RR0001

CONFIDENTIAL

**PLEASE PRINT CLEARLY & COMPLETE BOTH SIDES OF THE FORM**

All classes are held weekly from September to June in the Bronson Centre (211 Bronson Ave.).

The *KiddlyWinks* Program is for children ages 5 to 8.

The *KidSingers* and *KidPlayers* Programs are for students ages 8 up.

***Please submit this form. We will contact you with more details over the summer.***

**Please tick the box beside the Program that interests your child:**

## ***KiddlyWinks* and *KidSingers* Programs**

- KiddlyWinks* A (ages 5-6) Wednesday 4:15-5:00 pm, *KiddlyWinks* B (ages 6-7) 5:00-5:45 pm, *KiddlyWinks* C (ages 7-8) Wednesday 5:45-6:30 pm
- KidSingers* A (introductory/recreational choir) Wednesday 4:30-5:30 pm
- KidSingers* B (commitment choir) Wednesday 5:00-6:30 pm

## ***KidPlayers* Beginner String and Band Programs**

Beginner classes will not be offered at the Bronson Centre this year. If your child has experience playing an instrument, please contact us. If your child is interested in learning an instrument, *OrKidstra* is offering beginner lessons for most instruments at Rideau High School.

***Spaces and classes are limited.***

***If there is no place left in the class, your child will be put on a waiting list.***

### **Child Information – PLEASE PRINT CLEARLY**

_____		
First Name	Last Name	Birth Date (dd/mm/yyyy)
_____	_____	_____
School	Home address	Postal Code
_____	_____	_____
Child's cell phone	Child's email address	
_____	_____	

### **Your Information Will Be Kept Private**

*The information collected on this form is strictly confidential and will be used only by OrKidstra for the purposes of assigning classroom spaces in the various programs, for assessing the extent of financial support which will be offered to each child for the program and for general statistical purposes. The only person this information will be shared with is the Principal of your child's school or his/her delegate.*

**[Please complete and sign this form on the next page]**

*OrKidstra* Program  
tel: 613-859-3559  
e-mail: program@orkidstra.ca  
www.orkidstra.ca

**Parent/Guardian Information – PLEASE PRINT CLEARLY**

<b>Parent/Guardian:</b>			
_____	_____	_____	_____
First Name	Last Name	Home Phone	Cell Phone
_____			_____
E-mail Address			Work Phone
<b>Parent/Guardian:</b>			
_____	_____	_____	_____
First Name	Last Name	Home Phone	Cell Phone
_____			_____
E-mail Address			Work Phone

The *OrKidstra* program exists in order to inspire music-making in our children within a great community setting - and the goal of the *OrKidstra* is to make this program available to **all** families.

With this in mind, once we have reviewed your application, a fee **may** be requested based on your family's financial situation. This will help cover the many costs, such as teachers, instruments and rent, ensuring that this community program will continue to be available to children who would not otherwise be able to participate. Our program will remain **very affordable** to all families.

**Household Financial Information (including income from abroad)**

Net yearly income ( <b>before</b> taxes)	<b>Please note that we may require proof of income - all information is strictly confidential</b>
<input type="checkbox"/> under \$45,000	
<input type="checkbox"/> \$45,000 to \$55,000	
<input type="checkbox"/> \$55,000 to \$65,000	
<input type="checkbox"/> \$65,000 to \$75,000	
<input type="checkbox"/> \$75,000 to \$100,000	
<input type="checkbox"/> over \$100,000	
Total number of adults in household: _____ Total number of children in household: _____	
Do you have any <b>unusual</b> financial challenges? If yes, please describe and tell us what the impact on your family is:	
_____	
_____	

Admission to the program will be based on a recommendation from your school and the number of available places in each class. In the case that your child can not be admitted to a class immediately, he/she will be placed on a waiting list.

I hereby confirm that all the information above is accurate and give my permission to contact my child's school:

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

<b>OFFICE USE ONLY</b>	
Application approved by:	
<input type="checkbox"/> The <i>OrKidstra</i> Program	_____
<input type="checkbox"/> Principal of child's school	_____