



# PROGRAM APPLICATION FORM VANIER [RHS] [2016/17]

CHARITABLE NO: 83246 7153 RR0001

CONFIDENTIAL

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

All classes are held from **October 3<sup>rd</sup>** to June in Rideau High School (815 St. Laurent Blvd.).

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

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

Instruments are loaned to the students free of charge.

**Please submit this form to us by:  
e-mail, regular mail, leave in school office, in person.**

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

### ***KiddlyWinks* and *KidSingers* Programs** (times may change)

- 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 Wednesday 4:30-5:30 pm
- KidSingers* B Wednesday 5:30-6:30 pm

### ***KidPlayers* String and Band Program** (times may change)

Do you have experience playing an instrument? If yes, how many years? \_\_\_\_

Instrument choices - indicate their first [1] and second [2] choice of instrument:

- String program (ages 8 up) Monday & Wednesday 4:30-6:30 pm  
Violin \_\_\_\_ Cello \_\_\_\_
- Band program (ages 8 up) Monday & Wednesday 4:30-6:30 pm  
Flute \_\_\_\_ Clarinet \_\_\_\_ Trumpet \_\_\_\_ Trombone \_\_\_\_ French Horn \_\_\_\_ Saxophone \_\_\_\_ Percussion \_\_\_\_

**Spaces and classes are limited.**

### 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]**

**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	_____