



PROGRAM APPLICATION FORM BRONSON CENTRE [2017/18]

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 to us by e-mail or in person
at the Bronson Centre (211 Bronson Ave, #210).***

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

KiddlyWinks and KidSingers Programs

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

KidPlayers Beginner String and Band Programs

- Beginner Violin* (ages 8+) Tuesday 4:00-5:30 pm **AND** Thursday 4:00-5:30 pm
 - Beginner Band* (ages 8+) Tuesday, between 4:30-6:30 pm **AND** Thursday 4:30-6:30 pm
 - Flute Clarinet Trumpet Trombone French Horn Saxophone
 - Percussion
- 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]

Parent/Guardian Information – PLEASE PRINT CLEARLY

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

Please note that we may require proof of income - all information is strictly confidential	
Total Yearly Income (before taxes): \$ _____	
Other Income (e.g. child support): \$ _____	
Total number of adults in household: _____ Total number of children in household: _____	
Do you have any unusual 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

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