



It's time to sign up for
Orchestra and Band Class
for next year!

In-coming 5th Grade Students and Parents,
We are excited to invite all in-coming 5th grade students to participate in the 2019/2020 Instrumental Program.

This **year-long** program, offered twice a week, 7:10 am until 8 am, will begin in mid-September until the end of June. Vancouver School District transportation is available.

Six different middle school locations will serve ALL 5th grade students: Alki, Discovery, Gaiser, Jason Lee, McLoughlin and Thomas Jefferson. All instrumental classes are taught by Vancouver Public Schools certified teachers and are offered free to students currently enrolled in Vancouver Public Schools.

Band Class: Trumpet, Trombone, Clarinet, Flute
Orchestra Class: Violin, Viola, Cello

Completed registration, consent/medical forms are due no later than **by Friday, April 26, 2019.**

Mail to:
Barb Nelson/Ann Medellin,
Visual and Performing Arts - JPC
2901 Falk Rd, Vancouver, WA 98661

OR

Student turns in registration to special box in school office to be inneroffice mailed to VaPA Office at JPC

Parents/students need to attend the Instrumental **Information Night on Monday, May 6, 2019** from 6:30 – 7:30 pm at Vancouver School of Arts and Academics, Royal Durst Auditorium, 3101 Main St, Vancouver, WA 98663.



Ann Medellin - ann.medellin@vansd.org
Barb Nelson - barb.nelson@vansd.org

5th Grade Band and Orchestra Year-Long Classes

• Please print •

Student's Full Name: _____

Parent/Guardian Name(s): _____

Current School: _____

Current Grade: _____

Home Address: _____

Best Contact Number: _____

Email: _____

Emergency Contact (other than parent): _____

Relationship to student: _____

Best Contact Number: _____

Check Requesting Class:

Band

Orchestra

(Complete Consent / Medical Form on Back)





**VANCOUVER PUBLIC SCHOOLS
 CONSENT TO PARTICIPATE IN
 5th GRADE INSTRUMENTAL PROGRAM
 MEDICAL TREATMENT CONSENT FORM**



THE UNDERSIGNED HEREBY GIVES PERMISSION AND AUTHORIZES

STUDENT NAME: _____ TO ATTEND THE 5th GRADE INSTRUMENTAL PROGRAM

September 2019 DATES OF ATTENDANCE **June 2020**

Consent for Medical Treatment

This is to authorize emergency medical care and treatment for my son/daughter in my absence. Every reasonable effort will be made to contact me if such action is necessary.

 FAMILY PHYSICIAN

 HOSPITAL PREFERENCE

 NAME OF INSURANCE CARRIER

 GROUP/CHART NUMBER

If your student will need to bring prescribed medication, the Authorization for Medication Administration form (enclosed) must be completed and signed by the health care provider and parent/guardian. For over-the-counter medications, please check with your school nurse for procedure.

DOES YOUR CHILD TAKE ANY MEDICATION? _____ If yes please list: _____

DOES YOUR CHILD HAVE ANY HEALTH CONCERNS THAT THE TEACHER NEEDS TO BE AWARE OF? _____

I UNDERSTAND THAT THE STUDENT WILL BE SUPERVISED BY SCHOOL AUTHORITIES AND THAT EVERY EFFORT WILL BE MADE TO ENSURE STUDENT SAFETY.

I WILL ASSUME FINANCIAL RESPONSIBILITY FOR EMERGENCY MEDICAL TREATMENT FOR MY CHILD.

 PARENT/GUARDIAN SIGNATURE

 DATE

 EMERGENCY CONTACT NAME

 PHONE/RELATIONSHIP

NOTE: THIS CONSENT FORM MUST BE SIGNED AND RETURNED TO SCHOOL PRIOR TO THE DESIGNATED DATE OF PROGRAMS ATTENDED.