

Summer Music Camp at Port Jefferson

350 Old Post Road, Port Jefferson, New York 11777

(631) 791-4450 Fax (631) 467-4408

REGISTRATION FORM

Student's Name: _____ Current Grade: _____

Instrument Type _____ Music Teacher _____

All Instrumental Summer Classes Run: July 9-July 19, 2018

Please indicate the classes you would like to register for (students may register for multiple classes):

Band Classes (Will meet 4 times per week, Mon-Thurs.)

_____ 8:30-9:15: Beginner Woodwinds/Brass (Current Grade 3 Students)

_____ 9:30-10:00: Beginner Ukulele (All Welcome)

_____ 10:00-10:45: Beginner Percussion (Current Grade 3 Students)

_____ 11:00-11:30: Beginner Ukulele (All Welcome)

_____ 11:30-12:15: Intermediate Band (Prerequisite: NYSSMA Level 1)

_____ 12:15-1:00: NYSSMA Jump-Start (Prior Band Experience)

String Classes (Will meet 4 times per week, Mon-Thurs.)

_____ 8:30-9:15: Beginner Violin/Viola (Current Grade 3 Students)

_____ 9:30-10:00: Beginner Ukulele (All Welcome)

_____ 10:00-10:45: Beginner Cello/Bass (Current Grade 3 Students)

_____ 11:00-11:30: Beginner Ukulele (All Welcome)

_____ 11:30-12:15: Intermediate Orchestra (Prerequisite: NYSSMA Level 1)

_____ 12:15-1:00: Chamber Orchestra (Current Grades 6-8/NYSSMA Level 3)

Parent/Guardian: _____

Home Address: _____

Home Phone: _____ Work/Cell Phone: _____

Emergency Contact Information:

Please list a friend, neighbor, or family member whom the classroom teacher can contact in the unlikely event of an emergency.

Name _____ Relationship to Parent/Child _____

Phone Number: _____

Please list and explain anything about your child that we should be aware of (allergies, etc.):

Please attach a check written out to "Port Jefferson High School" for:

Individual Classes: \$125 Each

Class Bundle (Register for 3 Classes): \$300 Package (For example, NYSSMA Start Up, Band/Orchestra, & Beginner Ukulele)

This fee will include the cost of materials that will be used throughout the program.

I give permission for my son/daughter _____ to participate
in The Summer Music Camp at Port Jefferson School District. I understand that I must arrive and pick up
my child on- time in order to ensure the success of this program's schedule as well as help keep students safe.

Date

Parent's Name (Print)

Parent's Signature