



**Pasadena Christian School
Summer Music Academy
Registration Form**

Student Name: _____ Grade (2022-2023): _____

Parent Name _____ Email _____

Address _____ City/Zip Code _____

Phone: Cell _____ Home _____ Work _____

Child's Instrument: own, will rent, will purchase ***Early Registration due: March 25, Late: May 21**

To fill out this form online via Google Form, [click here](#)

Instrument	Mark: <input type="checkbox"/> Violin, <input type="checkbox"/> Viola, <input type="checkbox"/> Cello, <input type="checkbox"/> Double Bass, <input type="checkbox"/> Piano, <input type="checkbox"/> Trumpet, <input type="checkbox"/> Trombone, <input type="checkbox"/> Clarinet, <input type="checkbox"/> Flute, <input type="checkbox"/> Timpani, <input type="checkbox"/> Honor Choir, <input type="checkbox"/> Festival Orchestra, <input type="checkbox"/> Other: _____ <i>*You may register for more than one instrument.; * Open to all levels: Beginning, Intermediate, or Advanced; *Age Requirements: Violin/Viola/Cello/Bass (1st – 8th grade) & Piano (Kinder. – 8th grade); Flute/Clarinet/Trumpet/Trombone/Timpani/Honor Choir/Festival Orchestra (4th – 8th grade)</i>	
Lesson Time	Morning Class: () 8:00-9:00 AM, () 9:00-10:00 AM, () 10:00-11:00 AM, () 11:00-11:59 AM Afternoon Class: () 2:00-3:00 PM, () 3:00-4:00 PM, () 4:00-5:00 PM, () 4:30-5:30 PM <i>*Please indicate #1, #2 as your priority time slots for balanced placement._____ *A minimum of 60-minute lesson is required for all the above instruments.</i>	
Lesson Type	In-person lesson, online lesson, or both in-person and online lessons	
Lesson Fee	\$300 per session (\$75 per 60 min lesson) <i>*If you want to take more than four lessons, add \$75 per lesson.</i>	\$: _____
Sessions	<p>Session 1: \$300 choose four lesson dates or more available lesson dates (add \$75 per lesson)</p> <p><input type="checkbox"/> June 7-9 Tues- Thur (Enter your choice here): <input type="checkbox"/> June 14-16 Tues- Thur (Enter your choice here): <input type="checkbox"/> June 21-23 Tues- Thur (Enter your choice here): <input type="checkbox"/> June 28-30 Tues- Thur (Enter your choice here): <input type="checkbox"/> Piano: Mondays only (6/6, 6/13, 6/20, 6/27): \$300 <input type="checkbox"/> Festival Orchestra (audition required): Sat 6/18, Sat 6/25, Sat 7/2, Fri July 8, Sat July 9 (\$250) <i>*If your child has already applied for the audition, skip the payment & mark here: <input type="checkbox"/> Yes, I already applied. The Festival Orchestra will have four rehearsals and perform at Walt Disney Concert Hall (the students over 4th grade can apply)</i></p> <p>Session 2: \$300 for four lessons: online lesson only</p> <p><input type="checkbox"/> July 30-31 & Aug. 6-7 Sat & Sun only two weeks/four lessons online: \$300</p> <p>Flexible Session Option <input type="checkbox"/> June & July (Choose your available lesson dates & add \$75 per lesson) (Enter your choices here): _____</p> <p><input type="checkbox"/> Piano on Mondays only (enter all your available Mondays in July 11 - Aug 8; online lesson only)</p> <p>Extra Lessons <input type="checkbox"/> June & July (List your extra available lesson dates) <i>* Dr. Chung will arrange a makeup lesson, extra practice, or clinic sessions: M - T - W - Th - F - Sat. (circle), Time: <i>*List your child's other summer programs to avoid anticipated conflict. *You may make a photocopy or take a picture of this form to remember your choices before submitting</i></i></p>	\$: _____ \$: _____ \$: _____

**This schedule is subject to change.*

Total : \$ _____

Please submit registration form and pay lesson fee via Venmo, Zelle, Google Pay, or Payable to: **PC SMA**

**Send me a PDF copy of the form by email after scanning (Email: gchung@pcs.school) along with your payment method.*

**You may also mail or drop off this form at the front office.*

Parent/Guardian Signature _____ **Date** _____



2022 Pasadena Christian Summer Program Emergency/Disaster/Photo Release Form

This Emergency Form goes with paramedics in case of an emergency and assists staff when providing medical assistance.

Grade (2022 – 2023) _____

Student's Name _____ Birth Date ____/____/____
(last) (first)

Address _____

Home Phone _____ Email address _____

ALLERGIES/MEDICAL INFORMATION

Physician _____ Physician Phone _____ Blood Type _____

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bee Allergy | <input type="checkbox"/> Dairy Products | <input type="checkbox"/> Uses Epipen |
| <input type="checkbox"/> Uses nebulizer | <input type="checkbox"/> Peanut Allergy | <input type="checkbox"/> Fish/Shellfish | <input type="checkbox"/> Contacts/glasses |
| <input type="checkbox"/> Uses inhaler | <input type="checkbox"/> Other Nuts | <input type="checkbox"/> Wheat Products | |

Other Conditions or Allergies: _____

Daily Medications: (This is very important in the event that emergency medical services are required.)

Please give us as much detailed information you believe we need to know about your child's health.

Father _____

Mother _____

Cell Phone _____

Cell Phone _____

Work Phone _____

Work Phone _____

Email _____

Email _____

PICK-UP/EMERGENCY CONTACTS

- List the names of TWO alternates to whom your child may be released if the school is unable to contact the parents. They should be locally available and able to transport the child.
- In case of accident, illness, earthquake or other disaster, I authorize Pasadena Christian School to release my child to the following adults if the school is unable to contact me.
- I understand that the school may be unable to contact me to tell me that my child has been released to one of the persons listed below.
- I agree to notify these people as to their responsibility to act in this capacity.

I release Pasadena Christian School and its agents and employees from all liability which may attend, release or non-release of my child in accordance with this authorization.

Please list in order of preference:

Name _____ Relationship _____
Home _____ Work _____ Cell _____
Name _____ Relationship _____
Home _____ Work _____ Cell _____

Student will only be released to alternates you have listed. If a change of alternate is desired, please notify the office in writing.

PHOTO CONSENT: Pasadena Christian School (PCS) may use photographs of students in various publications or on our website. PCS reserves the right to copyright all group photographs in which your child(ren) may appear. PLEASE INITIAL: I GIVE MY CONSENT _____ I DO NOT GIVE MY CONSENT _____

INFORMED CONSENT AND EMERGENCY TREATMENT AUTHORIZATION

I/We give permission for my/our child to participate in the 2022 Summer Programs at Pasadena Christian School.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless Pasadena Christian School, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the camp and the activities incidental thereto, whether the result of negligence or any other cause.

If parent or family doctor cannot be contacted and an emergency exists, the undersigned parent or guardian authorizes a representative of the PASADENA CHRISTIAN SCHOOL to consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed advisable and rendered by any licensed physician or surgeon, whether in his office or in a licensed hospital. This authorization is given in advance of any required care to empower a representative or official of the school to give consent for such treatment as the physician may deem advisable. **Signature of both parents needed.**

_____ Date _____ Emergency Phone _____
Signature of (mother) or (female guardian)

_____ Date _____ Emergency Phone _____
Signature of (father) or (male guardian)



PASADENA CHRISTIAN SCHOOL SUMMER CAMP ADMINISTRATION OF MEDICATION FORM Summer 2022

Name of Student _____ Birth date _____

TO THE PARENT OR GUARDIAN: To protect all children and to conform with State Education Code (49423), no child may bring any medication (prescription or non prescription) to school. If your child needs medication for a few days or over an extended period of time and it must be given during camp hours, you must have your physician complete this form. Medication, whether prescription or non prescription, **must accompany** this form and be delivered by a parent or guardian to PCS in the original labeled container. Please note that this applies to non prescription drugs as well. **Our staff will NOT dispense over-the-counter pain medication (i.e. Tylenol or Advil), cough drops, etc., unless we are instructed by your physician in writing and this form is signed by BOTH the physician and the parent.**

TO THE PHYSICIAN: Please complete and sign this form:

- 1) If medication prescribed for a school-aged child must be given to prevent serious physical or behavioral problems; or
- 2) If over-the-counter medicines such as Tylenol, Advil, cough drops, etc. are requested by parents to administer to their child during camp hours, it is a request and guide to authorized camp personnel to assist the child with the medication.
- 3) Please mark in the circles listed if the named child requires these items. Camp personnel will administer based on prescription or package instructions and student's age/weight (quantity / frequency).

<input type="checkbox"/> Antacids / Stomach Medication (Alka Seltzer/Pepto Bismol/Tums)	<input type="checkbox"/> Lip Products (chap stick, cold sore medication)
<input type="checkbox"/> Antibiotic ointment	<input type="checkbox"/> Advil/Motrin (or generic)
<input type="checkbox"/> Benadryl	<input type="checkbox"/> Tylenol (or generic)
<input type="checkbox"/> Bug Repellant	<input type="checkbox"/> Dayquil
<input type="checkbox"/> Cortisone/Itch Cream	<input type="checkbox"/> Petroleum jelly
<input type="checkbox"/> Cough Syrup/Cough Drops	<input type="checkbox"/> Sunscreen
<input type="checkbox"/> Eye drops	<input type="checkbox"/> Allegra/Claritin (or generic)

Prescription medications:

Name of Medication	Form	Purpose	Amt to be taken	Time of day
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

This patient may carry their inhaler on them during the camp day. YES NO

Any special instruction, precautions or possible side effects:

How long will this medication be necessary?

Signature of Physician _____ Date: _____

Print Name of Physician _____ Phone: _____

TO THE PARENT OR GUARDIAN: PLEASE SIGN THE FOLLOWING STATEMENT:

I request that PCS staff assist my child in taking the prescribed medication as directed above and in accordance with camp policy.

Signature of parent or guardian: _____ Date _____