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| Image result for children's choirWednesdays Kindergarten to  After School 5th Grade  ***Space for 20- 25 students***  Image result for wooden bridge over creek clip art Image result for fairbrook elementary school logo  A once a week, supervised environment to enjoy  a musical activity, social interaction, fun and SINGING! |

Welcome to St. Andrew’s Children’s Choir!  
The St. Andrew United Methodist Church is launching their first After School Kid’s Choir. We are excited about strengthening our relationship with our neighbors at Fairbrook Elementary School and the community. We hope that your child will enjoy this opportunity to enjoy music and gain confidence. The Choir Director will be Maggie Carpenter who is a senior voice major at Wright State University. Maggie has been singing with our church choir for the last year and is a gifted musician.

*Dear Students and Parents,*

*Thank you for joining St. Andrew’s brand new children’s choir! I am thrilled that you’ve decided to sing with us. We will be singing some fun music this year, both religious and non-religious. Of course, this means we will be performing several times this semester. Performance dates will be finalized soon.*

*Rehearsals will always be on Wednesdays from 3:45-4:45 pm. If at any point you will not be able to attend a rehearsal or performance, don’t hesitate to email me at MaggieGCarpenter@gmail.com. I am very understanding about absences, but I would like to hear as many voices as possible during all rehearsals and performances. I can’t wait to start making music with you!*

*-Maggie Carpenter*

St. Andrew United Methodist Church  
350 N. Fairfield Road  
Beavercreek, OH 45432   
Pastor Lilanthi Ward (Senior Pastor)  
Rev. Deb Egloff (Director of Children, Youth & Family Ministry  
Maggie Carpenter (Children’s Choir Director)   
937.426.6491 - Phone Please circle one: Gender: M F

FOR OFFICE USE

Date Received \_\_\_\_\_/\_\_\_\_\_\_/2019

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Received by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| T-shirt size: YS | YM YL AS AM AL AXL |

PICK-UP AUTHORIZATION (Child’s name):

St. Andrew United Methodist Church ensures that children will only be released to individuals designated by you. Only you, the custodial parent/legal guardian may list and identify the names of people authorized to retrieve your child from inside our facility. We will not release your child to anyone not listed below regardless of the relationship of that person and the child. Photo identification will be required at time of pick-up and sign-out to assure the safety of your child.

List below the name(s) of individuals authorized by you (include yourself) to retrieve your child from inside the church. We require at least TWO CONTACT NAMES/NUMBERS to be listed, including one local contact not residing with the family. Please PRINT.

1.

Name Relationship Best Contact Number (10-digits)

2 .

Name Relationship Best Contact Number (10-digits)

3. 

Name Relationship Best Contact Number (10-digits)

4. 

Name Relationship Best Contact Number (10-digits)

A school supported activity conducted at St. Andrew United Methodist Church.

1. FEES: No fees are required. Donations are welcomed.

Donations can be made by cash, or check (payable to St. Andrew UMC).

This is an after school music program for children of all ages. The program runs from October to December. Children will need to re-register for the January to March session.

1. There will be no choir on days when there is no school, whether scheduled or cancelled. Questions about other schedule adjustments contact the church, watch for notices by email service and social media posts.
2. Participants will enjoy supervised singing and learn about music until the conclusion of the program. Program Leaders will work with students during the entire program. Light snacks and beverage will be provided at the start of the practice.
3. After choir, participants will be in an assigned area to await pick-up by you or an individual designated by you. At the church it will be in the Gathering grounds which is located inside the church when you enter through the ramp entrance at the front of the church.

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| --- | --- |
| School: FAIRBROOK ELEMENTARY |  |
| Day of Week: Wednesday beginning at 3:45 PM | Pick-up time from Church: 4:45 PM |

***Children and families may stay for dinner at 5:30 p.m. with advanced reservations.***

Emergency Medical Authorization Form

Purpose: To enable custodial parent(s)/legal guardian to authorize emergency medical treatment for children who become ill or injured while under St. Andrew UMC authority, when parent/guardian cannot be reached. This information will be shared, if necessary, with licensed medical personnel and staff members.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name Date of Birth: M/D/Y Grade

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: Primary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residential Parent or Guardian

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best Contact Phone Number (\_\_\_\_)\_\_\_\_\_\_\_ \_\_\_\_\_\_\_   
Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell/Work/Other)  
  
Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best Contact Phone Number (\_\_\_\_)\_\_\_\_\_\_\_ \_\_\_\_\_\_\_   
Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell/Work/Other)

"It is important to provide any pertinent medical history or information about existing conditions that may affect your child in this activity/learning environment and you deem important to provide to emergency medical personnel.

Medical and/or Learning Process Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Part 1 or Part 2 MUST be completed

## **Part 1: To Grant Consent**

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Specialist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dentist:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Local preferred hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 

In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: I) the administration of any treatment deemed necessary by the above-named licensed doctors, or, in the event the listed practitioners are not available, by another licensed physician/dentist; and 2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians/dentists, concurring for the necessity for such surgery, are obtained prior to the performance of such surgery.

Signature of Parent/Guardian Date

## **Part 2: Refusal to Consent** I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency medical treatment, I want St. Andrew United Methodist Church to take the following action. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature of Parent/Guardian

**My Promises to make WISE CHOICES**

These promises are for participating children in the After-School Children’s Choir at St. Andrew United Methodist Church. We appreciate parents reviewing these promises with their child to help them understand the importance of good behavior assuring the safety and enjoyment of all participants. We also will make our best effort to help your child make good choices during his/her time in our program.

1. I will walk across the bridge to St. Andrew United Methodist Church with the designated adult from St. Andrew and will listen to their instructions.

1. I will respect the other students and will be kind to others around me.
2. I will listen to and follow instructions from Miss Maggie and the other leaders at St. Andrew.
3. I will keep my hands to myself. (Physical contact with others is not necessary).
4. I will not have any electronic devices, such as cell phones on, during the practice.
5. I will not use bad language at any time.
6. I will not sit on the tables, or stand on the seats.
7. I will WALK and NOT run.
8. I will have FUN.
9. **I will do my best to make wise choices.**

# CONSEQUENCES

Activities are more fun when everyone follows the guidelines and makes good choices. The After School Children’s Choir is a voluntary student activity and cooperation by participants is expected. Making a choice to disobey these guidelines may result in these appropriate consequences:  
1 st offense for misbehavior will result in a conversation with the child to redirect inappropriate   
 behavior.  
2 nd offense for misbehavior will result in a discussion with the parent/guardian to remedy the   
 situation.  
3 rd offense for misbehavior will result in a discussion with the parent/guardian and child about best   
 next steps.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s name/signature Parent/Guardian signature Date

## RELEASE AND PUBLICATION OF PARTICIPANT PHOTO/VIDEO

The After School Children’s Choir program is required to ask for your consent to utilize, release and/or publish your child's photograph/video in publicity related to our program through St. Andrew UMC. This media may include, but may not be limited to: print media, websites/social media, television, and the like. We will not release any of your child's personal identifiable information without prior written consent from a parent/guardian. We may identify the participating school but not individuals for a media item.

 Consent is given.  Consent is REFUSED.

  
 Parent/Guardian signature Date