

Student Name: _____

Handbook acknowledgement

The orchestra handbook has been reviewed in class. A copy of the handbook is available on Mrs. Williams' teacher webpage through the MMJH website.

STUDENT: I have reviewed the orchestra handbook and I understand my responsibilities. I know I have access to the handbook via the teacher webpage.

Signature _____ Date _____

PARENTS: My child has discussed the orchestra handbook with me. I understand it and will support it. I know I have access to the handbook via the teacher webpage.

Signature _____ Date _____

TEACHERS: I will be fair and consistent in administering the classroom plan as described in the orchestra handbook.

Signature: *Mrs. Williams* Date 8/15/2018

Charms Office Assistant Verification

Charms Office Assistant is a program used by music directors to help with organization of all aspects of running a music program. Mass emails can be sent to parents and students with this program. All students enrolled by the end of May are already in the system. It is important that you verify your email address and other information so that you do not miss out on communication sent through the Charms website. You are also able to view your child's financial account (orchestra account only) and determine whether or not he/she has made certain payments. You may check to see that your child has turned in permission slips and see a calendar of events. Below are instructions for verifying your information. Please initial indicating that you have done this.

1. Go to www.charmsoffice.com
2. Locate the "Parent/Student Login" section of the web page.
3. Login to the site with: MMJHOrch
4. Enter your student's password. This is your child's student ID the first time you login. If changed the password last year and do not remember it, please contact Mrs. Williams to reset the password to the student ID. Passwords are case sensitive.
5. Check all information, make necessary changes, save, and initial below that this has been done.
6. Please pay close attention to the email and phone numbers we have on file.

_____ I have verified my information on the Charms website and made the necessary changes.

Orchestra Fees:

Activity Fee: (all students)

The orchestra activity fee for the year is \$50 per student. This fee is charged in lieu of a group fundraiser. The money collected from this fee goes towards the purchase of orchestra shirts, music, supplies, instruments, social events, group entry fees, and transportation for field trips. Some social events and field trips may involve further costs. Please contact Mrs. Williams with any financial concerns.

_____ I have included the \$50 activity fee for the year. **(Cash or check payable to MMJH)**

Instrument Maintenance Fee: (Cello and Bass students only)

Cello and bass students who wish to use a school instrument will need to pay the required fee (\$80) and return the required form. A separate letter with more information and the appropriate form was included in the binder that was given to your child on the first day of school. Violin and viola students should disregard this section as school instruments are not available to violin and viola students. **Instrument Maintenance fees are due by Friday, September 7th.** Please contact Mr. Williams with any financial concerns.

******Note: The instrument maintenance fee needs to be a separate check from the activity fee. The check for the maintenance fee should be made out to KISD. Cash is also accepted.*******

Orchestra t-shirt:

Students will wear the orchestra t-shirt on field trips and other orchestra related activities. FYO (beginning students) will wear the shirt as part of their uniform. The activity fee includes the cost of the shirt so no additional money is needed. Please indicate the size you would like to order for your child.

- _____ Youth Medium
- _____ Youth Large
- _____ Adult Small
- _____ Adult Medium
- _____ Adult Large
- _____ Adult X-Large
- _____ Adult XX –Large

Parent Volunteer Sign-Up Sheet

Parent Name(s): _____

Child(ren)'s name(s): _____

_____ I/We are not available for volunteering

_____ I/We can assist in the following ways:

****Please note, you are not committing to volunteering at this time. ****

You are only indicating that you would be willing to help if needed. I will contact parents directly regarding specific dates and times.

Chaperone for field trips and parties

- _____ Pizza party (August 30th: 3:30-5:30 pm)
- _____ ice cream social (November 1st: 3:30-5:30 pm)
- _____ 6th graders to Houston Symphony performance (November 8th: during school)
- _____ Camerata recruiting concert (November 30th: during school)
- _____ Mustang Music festival (FYO) (March 1st: during school)
- _____ UIL contest (April: date TBD: during school)
- _____ Schlitterbahn (May 4th)

Concert/performance help (evenings)

- _____ concert set up/tear down
- _____ concert supervision (biggest need...6-8 volunteers at each concert)
- _____ design programs for concerts
- _____ record concerts

Potluck dinner: May 9th:

- _____ set up
- _____ clean up

Please note any other ways you may be able to assist the orchestra:

Katy Independent School District

Parent/Guardian Authorization for Regular Extracurricular Travel And Consent to Emergency Treatment of Student

Student's Last Name	First Name	Middle Name	Grade Level
Extracurricular Activity			School Year

As the parent/guardian of the above-named student (or adult student), I grant permission for my child (or me) to travel and participate in all regularly/routinely scheduled activities of the designated extracurricular group for the current school year. I understand that all students are required to ride to and from all school-sponsored activities in District-provided transportation according to Board Policy FMG. An exception may be granted for a student to be released to the custody of his/her parent at the completion of the activity if a written request is received and approved prior to the trip. It is understood that a separate permission slip will need to be completed for any additional activities requiring travel in order for my child to participate.

It is understood that neither the Katy Independent School District, nor any of its trustees, officers, employees, or organization sponsors are liable for any accident or injuries that may occur to the above-named student as a result of any aspect of his/her participation on these trips.

I acknowledge that in case of an emergency, illness, or accident for which a parent cannot be reached, an attempt will be made to reach one of the emergency contact people listed below. However, if no one can be reached, I authorize the school officials to take whatever action is deemed necessary in their judgment, for the health of my child. I will be responsible for any cost in the event my child must be transported by ambulance and receive medical care.

As the parent(s)/guardian(s) of the above-named student, a minor, I/we do hereby authorize a Katy Independent School District staff member(s), to act as my/our agent(s), to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and/or hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any licensed physician/surgeon, whether such diagnosis or treatment is rendered at the office of said physician/surgeon or at a hospital. Parents/guardians will be notified by the district, by the contact information below, of any treatment rendered to the student.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician/surgeon, in the exercise of his/her best judgment, may deem advisable, prior to any treatment being rendered.

I/We hereby authorize any hospital which has provided treatment to the above-named minor to surrender physical custody of such minor to the agent(s) upon completion of treatment.

It is understood that I/we must assume legal responsibility for any expenses incurred for medical treatment which may not be covered by my/our personal insurance, Medicaid, or Medicare.

Name of Father/Guardian: (Last) (First) (Middle)		
Father's Home Phone	Father's Work Phone	Father's Cell Phone
Name of Mother/Guardian: (Last) (First) (Middle)		
Mother's Home Phone	Mother's Work Phone	Mother's Cell Phone

Insurance Information

Name of Insured Policyholder: Last First Middle		
Insurance Company		
Policy Number	Group Number	
Type of Insurance Plan <input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Other: _____		

Medical Information

Please note: My child has the following allergies/medical conditions and/or is currently taking the following medications:

Signature of Parent/Guardian:	Date
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