

Vocal Vacation 2010

Children & Teens' choir program of the Kodály Music Institute at New England Conservatory
290 Huntington Avenue Boston MA 02115

Tel: 617-585-1125 Website: <http://necmusic.edu/summer>



Application Packet

Vocal Vacation dates: July 6-9 Tues-Fri, 12-17 Mon-Sat.

Gala Choral Concert: Saturday July 17, 7:00 pm.

Joanne Crowell, Program Director

Email: joanne.crowell@necmusic.edu

THREE DIVISIONS:

Canción, half-day program for children entering grades 2 – 4 / 9:30 am – 12:30 pm

Viva Voce, full-day program for children entering grades 5 – 8 / 9:30 am – 4:00 pm

Chamber Singers, half-day program for students, entering grades 9-12/1:30 pm – 4:30 pm

COSTS:

Full-Day Program - \$765 tuition + \$35 application fee (non-refundable) – TOTAL: \$800.00

Early Bird Discount (\$665 + \$35 NEC app. fee) – must be postmarked by April 1, 2010

Half-Day Program - \$415 tuition + \$35 application fee (non-refundable) – TOTAL: \$450.00

Early Bird Discount (\$340 + \$35 NEC app. fee) – must be postmarked by April 1, 2010

Mail completed application form to:

New England Conservatory School of Continuing Education, 290 Huntington Avenue, Boston MA 02115

Make checks or money order payable to: New England Conservatory.

Credit cards are accepted as well (see registration form, page 2).

Questions? Call Sean Hagon, NEC Director of Continuing Ed/Summer Session
at 617-585-1125.

Check list for completed applications:

1. _____ **\$35 application fee**, non-refundable, due immediately with Application Form.
2. _____ **NEC Registration Form** completed
3. _____ **Parent's Information and Contract Form** signed by parent or guardian
4. _____ **Vocal Vacation Health Form** signed by parent or guardian
5. _____ **Report of Health Care Provider** form signed by physician
6. _____ **Recommendation** returned by child's music teacher. Required of new students
7. _____ **Scholarship request form** (only if scholarship is requested)

Below category must be postmarked by April 1, 2010

8. _____ **ALL EARLY-BIRD TOTAL PAYMENTS**

New England Conservatory Summer Session 2010

VOCAL VACATION REGISTRATION FORM

Fax to: (617) 585-1135 (payment by credit card only)

Mail to: New England Conservatory School of Continuing Education, 290 Huntington Ave, Boston, MA 02115 (payment by check, credit card)

STUDENT INFORMATION (please print or type):

Check here if any of the information below has changed since your last registration

Name _____ Date of Birth _____
First MI Last

Address _____
Street City State Zip

Phone: (____) _____ Instrument _____ Soc. Sec. # _____

E-Mail Address _____ How did you learn about us? _____

Ethnic Code: Check One

- Black, non-Hispanic Hispanic American Indian or Alaskan Native Multi-Racial U.S. Permanent Resident
 White, non-Hispanic Asian or Pacific Islander I decline to respond Non-resident Alien

Citizenship: U.S. Citizen

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name _____
First Last

Address _____
Street City State Zip

Place of Employment _____ Work Phone (____) _____ E-mail _____

2nd Parent/Guardian Name _____
First Last

REGISTRATION

Class or Ensemble Title—Please check one:

- | | Tuition |
|--|----------------|
| <input type="checkbox"/> <u>Vocal Vacation Canción</u> *early-bird tuition = \$340.00; full tuition = \$415.00 | \$ _____ |
| <input type="checkbox"/> <u>Vocal Vacation Viva Voce</u> *early-bird tuition = \$665.00; full tuition = \$765.00 | \$ _____ |
| <input type="checkbox"/> <u>Vocal Vacation Chamber Singers</u> *early-bird tuition = \$340.00; full tuition = \$415.00 | \$ _____ |
| scholarship award = | \$ _____ |

*Early-bird tuition only for applications and complete payment received on or before April 1, 2010

REGISTRATION FEE (REQUIRED WITH APPLICATION) (non-refundable unless class is cancelled) \$ 35.00

TOTAL \$ _____

PAYMENT—Please choose one form of payment:

Check or money order (make checks payable to New England Conservatory). Amount enclosed \$ _____

I authorize NEC Summer Session to charge my account in the amount of \$ _____.

_____ / _____
Card Number Exp. Date

Cardholder's Name (please print) _____

Cardholder's Signature _____

I certify that the information above is complete and correct and agree to abide by the policies and procedures printed in the current NEC Summer Session Catalog (available online at <http://necmusic.edu/summer>).

Signature _____

Date _____

For Office Use Only

Term: _____ MI / IP ID# _____ ADV: _____ Reg : _____ NS: _____ Date: _____ RBIL: _____ CRPT: _____ STU _____

Vocal Vacation 2010

of the Kodály Music Institute at New England Conservatory of Music
Boston, Massachusetts, USA

PARENT/GUARDIAN INFORMATION FORM

Child's name _____
Please Print Last Name First Name M.I. "Nick Name"

Grade Entering in September: _____ Gender: M _____ F _____

Polo shirt size (indicate S/M/L): Child size _____ or Adult size: _____

Participant resides with (**circle one**): Both parents Father Mother Other

Parent/Guardian full name _____ Res. phone () _____

Bus. phone () _____

Cell phone () _____

Parent/Guardian full name _____ Res. phone () _____

Bus. phone () _____

Cell phone () _____

Parent/Guardian e-mail _____

Any other important phone number or pager? _____

Emergency contact information: In case of emergency, the following person should be contacted:

Name: _____ Relationship to Child: _____

Home Phone: _____ Work Phone: _____

Cell Phone or Pager: _____

PARENT/GUARDIAN CONTRACT FORM

In order for my child to participate in Vocal Vacation, I agree to the following conditions:

- ♪ I understand that no medications will be distributed by the employees of Vocal Vacation. I will attend to this and all health matters before my child attends the program each morning.
- ♪ I understand that the Vocal Vacation Coordinator has the right to dismiss my child if, in her opinion, the child's behavior interferes with the rights or safety of others in the group, or if the child does not maintain reasonable rules of conduct. Please confirm all daily starting times. Canción participants must depart promptly at 12:30 p.m. and Chamber Chorus @4:30 pm; Viva Voce participants must depart promptly at 4:00 p.m.
- ♪ I authorize Vocal Vacation to take, use, and publish photographs, sound recordings, and/or video for publicity purposes. These materials remain the property of Vocal Vacation and the Kodály Music Institute.
- ♪ I give permission for my child to travel to all Vocal Vacation activities off-campus accompanied by staff members. A list of all such excursions will be provided at the start of the program.
- ♪ I understand that my child may be excluded from participating in the final Jordan Hall performance in the event of excessive absences or tardiness to the program.
- ♪ I understand my child must attend Vocal Vacation choir program fully and will not take family vacations during weekdays of those two weeks.

Signature of Parent/Guardian: _____ Date: _____

REQUIRED PRIOR TO ADMISSION AND FOR PROGRAM PARTICIPATION

Vocal Vacation HEALTH FORM

Kodály Music Institute at New England Conservatory, 290 Huntington Ave., Boston, MA 02115

This form constitutes a permission statement, which must be signed by a parent or guardian. The completed form must be returned to: *New England Conservatory School of Continuing Education, 290 Huntington Ave., Boston, MA 02115, by June 14, 2010.* All the information contained in the health report is considered confidential and will be used only for the purpose of evaluating your daughter's/son's health status and facilitating medical diagnosis, care, and/or treatment for her/him or in the processing of insurance claims in connection therewith and/or in the event of a medical emergency.

This health record page is to be completed & signed by parent(s) or guardian(s).

Child's name _____ Birth Date _____
last first m.i.

Participant resides with (circle one): Both parents Father Mother Other

Doctor: _____ Phone: (____) _____

Dentist: _____ Phone: (____) _____

Emergency contact if parent is not available: _____

Emergency Phone Numbers: _____

Please provide a **copy** of your **health insurance card** (front and back) **OR:**

Name of insurance co. and policy holder _____

Policy number _____ Authorization phone number _____

Please check-off any of the following injuries or illnesses this child has had:

- | | | | |
|--|---|--|--------------------------------------|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Ankle Injury | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Wears eyeglasses/contacts | <input type="checkbox"/> Convulsions/Epilepsy | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Back Injury | <input type="checkbox"/> Knee Injury |
| <input type="checkbox"/> Child carries Epipen at all times | <input type="checkbox"/> Child carries asthma inhaler | <input type="checkbox"/> Other? _____ | |

Medical problems that may limit physical participation: _____

List all known allergies (food, medications, environment) and reactions _____

Current Medications: _____

- As the parent/guardian of the above named participant I hereby acknowledge that the risk of injury is possible during physical activities such as dancing and walking to outside activities. I recognize Vocal Vacation and their representatives make every effort to reduce these risks, but further recognize their efforts may not eliminate all risks.
- I am aware that Vocal Vacation Program does not carry medical insurance for participants and that medical insurance coverage will be provided by the parent/guardian. Evidence of such coverage is provided above.
- I give my consent for the above named participant to participate in all Vocal Vacation-sponsored activities.
- I further release and hold harmless Vocal Vacation, New England Conservatory, its Trustees, agents and employees from and all liability for such accidents and injuries.

PERMISSION FOR MEDICAL CARE

- I hereby give consent for the Vocal Vacation Coordinator to obtain health care providers considered appropriate by him/her to carry out accepted procedures for emergency medical diagnosis and treatment for my (son, daughter, ward) including x-rays, routine tests, and treatment.

Signature of parent/guardian

Relationship to participant

In rare instances a medical emergency arises in which written consent by the parent or guardian is legally required, but the proper person cannot be located. In such circumstances, in order to avoid delay which might jeopardize the life or recovery of a participant, we request the following permission from the parent or guardian, with the understanding that every effort will be made to contact them in an emergency.

- I hereby grant permission to the Vocal Vacation Coordinator to obtain emergency care with appropriate medical physicians and/ or facilities which include, if necessary, administering anesthesia, and/or performing emergency surgery on my (son, daughter, ward).

Signature of parent/guardian

Relationship to participant

Participant's last name,

first name

m.i.

____ Canción

____ Viva Voce

____ Chamber Singers

REPORT OF HEALTH CARE PROVIDER

All participants are required to have required immunizations and a current physical exam within 24 months of the start the program.

A standard school or camp health examination form may be submitted instead of this page.

To the examining physician: The information supplied will not affect this child's admission status; it will be used only as a background for providing health care if this is necessary while the participant is at the Vocal Vacation Summer Program. This information is strictly for the use of providing health services and will not be released without parental consent.

Participant Name: _____ **Birth Date:** M____/D____/Y____ **Age:** ____ **Sex:** ____

IMMUNIZATION VERIFICATION — MANDATORY LAW IN MASSACHUSETTS

Please document for the following vaccinations:

A. **TETANUS – DIPHTHERIA – PERTUSSIS**

B. **MMR (MEASLES, MUMPS, RUBELLA)**

C. **MEASLES**

D. **MUMPS**

E. **RUBELLA**

F. **POLIO**

G. **Hepatitis B** For all children born on or after January 1, 1992

1. I have examined the person named above. *Please note: The examination must have been done within 24 months of the beginning of the individual's participation in this program.*

Date of Examination: M____ / D____ / Y_____

_____ In my opinion the person named on this form **IS** healthy enough to participate in an active summer program.

physician's initials

_____ In my opinion the person named on this form **IS NOT** healthy enough to participate in an active summer program.

physician's initials

The applicant is under a physician's care for the following condition(s):

Current treatment (include current medications needed, such as epipen or inhaler):

Does this applicant have tuberculosis in a communicable form or symptoms thereof? **YES NO** (circle one)

2. Recommendations and/or restrictions for this individual while participating in Vocal Vacation Program (issues regarding exercise, walking; any dietary restrictions; any allergies to foods, drugs, plants, insects, etc.):

3. Any Additional Information:

Examining Physician _____ Signature _____

Address _____

Phone () _____ Fax () _____ Date _____

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 290 Huntington Avenue Boston MA 02115
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RECOMMENDATION FORM

To be filled out by the student's school music teacher and mailed directly to NEC Summer Session

Parents: please provide a stamped envelope addressed to Summer School, including NEC address above

Recommendation forms are not required for former students of any Vocal Vacation program.

Dear Teacher:

The student named below is applying for participation in a two-week intensive summer choral music program at New England Conservatory during this coming July. Please comment on the child's musical ability. Your help in filling out this recommendation form is greatly appreciated. Please include teacher summer contact information (phone/email) or student may not be accepted. Thank you.

Name of student _____ **Grade in Sept 2010:** _____

	Always	Sometimes	Rarely
Strong vocal/singing skills			
Strong musical ability			
Matches pitch accurately			
Maintains steady rhythm			
Excellent behaviour			
Participates in concerts			

- List any instrument that child plays _____
- Additional comments about the student, musical or otherwise: _____

Please enclose a program(s) from the most recent choral concert(s) in which this student sang.

I recommend that this student be accepted into New England Conservatory's VOCAL VACATION, a summer choral music festival to be held from July 6-9, 12-17 2010.

Signature of Music Teacher _____

Print Name of Music Teacher _____

Contact info for teacher (*Without this information we cannot consider your student's application: all mailing addresses, email addresses and telephone numbers will be kept strictly confidential*):

Name of School _____

Address: _____ City _____ State ____ Zip _____

Print Name of School Principal _____