

# SUMMER 2023

## ROCK BAND DAY CAMP

### WITH MS. JETTA

A fun, diverse, rock band approach to learning the basics of music ensembles, including microphone dynamics and performance techniques. Vocals, drums, guitar, ukulele and bass are some of the instruments explored.

Added benefits to learning the basics of music include the intention of helping students build confidence and address performance anxieties in a supportive and adaptive way. This is a lively and fun way to explore music with one's peers.

#### TIME

9:00 a.m. - 3:00 p.m.

Before Care offered, if enough interest, from 8:30 - 9:00 a.m.

#### CAMP DATES

For students currently in grades 4 - 6 (during the 2022-23 school year)  
Monday, June 19

For students currently in grades 7 & 8 (during the 2022-23 school year)  
Tuesday, June 20

#### COST

\$75



All materials are provided.  
Students should bring a lunch and a reusable water bottle.  
Minimum of 4 students needed.

Please complete registration form on reverse side.

# 2023 Rock Band Day Camp Registration Form

Child's Name \_\_\_\_\_ ( ) Male ( ) Female

Child's Birthdate \_\_\_\_\_ Child's 2022-2023 Grade Level \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_

Please return this form to The Montessori Academy front office, no later than May 31st, with check payable to: The Montessori Academy

\_\_\_\_\_ Grades 4-6 June 19 ( \_\_\_\_\_ w/before care)

\_\_\_\_\_ Grades 7&8 June 20 ( \_\_\_\_\_ w/before care)

\$75 and \$5 for before care, if needed

Office Use

pd. \$ \_\_\_\_\_ ck# \_\_\_\_\_

date \_\_\_\_\_ staff initials \_\_\_\_\_

All families must complete Parent/Guardian's Contact Information; Emergency Contact Information and Authorization and Consent for Medical Treatment.

**Parent/Guardian's Contact Information**

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_ Email \_\_\_\_\_

**Emergency Contact Information**

The school may contact the following person if unable to reach a parent. *(All families are required to list an emergency contact person other than the parents.)*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Authorization and Consent for Medical Treatment**

Child's Name \_\_\_\_\_

In the event that I am unable to be reached, I hereby authorize Ms. Jetta Cruse to sign on my behalf any and all forms required in order to obtain emergency medical or hospital care for my child named above, and I specifically authorize and request that necessary emergency treatment be provided by you to my child. I realize that I am responsible for payment for such emergency care. A photocopy of this Authorization and Consent for Medical Treatment shall have the same force and effect as the original.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Printed Name \_\_\_\_\_