



2019-2020

ALAMEDA MUSIC PROJECT ENROLLMENT APPLICATION

AMP is subsidized by a grant from the CA Dept. of Education that requires all students attend our program five (5) days a week from the end of each school day until 6:00 P.M.

All returning Alameda Music Project students must re-register for next school year. Returning students and incoming siblings are given priority for re-enrollment. New students are enrolled according to overall need, then on a first-come-first-serve basis. Once all open spots are filled, additional submissions will be added to our waiting list.

Registration Deposit Fees:

Deposits are required from all families upon submission of this application to hold your spot. The deposit amount is applied to August and September tuition fees. Families will be notified of acceptance no later than August 1st. Applications that are withdrawn by August 10th will be fully refunded. Deposits are non-refundable after the 10th.

Kindergarten (KinderBAMP)

The tuition fee for kindergarten families is \$350/month per child. Deposit amount for single child application is \$525.00 and covers August and September fees. The Maya Lin School Kindergarten day release schedule is 1:50 p.m. on Monday, Tuesday, Thursday, Friday and 1:25 on Wednesdays. Student pick-up can begin at 4:45 p.m.

Grades 1-5

The tuition fee is \$270/month per child. Deposit amount for single child application is \$405 and covers August and September tuition.

AMP covers all early dismissal days (11:40 & 12:30) throughout the year.

My child is currently enrolled in Alameda Music Project* [] YES [] NO

(Your child must be currently enrolled in order to be considered a returning student) *= Required

PARTICIPANT INFORMATION (PLEASE PRINT NEATLY)*

Table with fields for Student Name, Date of Birth, Address, City/Zip, Grade Entering, Teacher (if known), and Student identifies their gender as.

Is your child a candidate for free or reduced lunch? * [] YES (proof of waiver will be required) [] NO

The following is statistical data we collect to report to our funders. This info, while very helpful to AMP, is not used to make decisions about your child's participation. Please check the ethnicity that best describes the student (check all that apply)*

- Checkboxes for African American, Asian/Pacific Islander, Native American/ Alaskan Native, Latino/a, European American/ White, and Mixed Race/Other (specify)

What languages are spoken at home?

Alameda Music Project requires quarterly academic records (report cards), attendance records, Individualized Education Program, and other special education records so that the success and efficacy of our programs can be documented and our students can be given the appropriate level of support.

Parent initial _____



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PARENT OR GUARDIAN CONTACT INFORMATION (PLEASE PRINT NEATLY)*

1st Parent/Guardian Name	1st Parent/Guardian Cell Phone
1st Parent/Guardian Email	1st Parent/Guardian Home Phone

2nd Parent/Guardian Name	2nd Parent/Guardian Cell Phone
2nd Parent/Guardian Email	2nd Parent/Guardian Home Phone (if different)

Please provide at least one email and one phone number where each parent/guardian can be reached.

EMERGENCY AND MEDICAL INFORMATION

Emergency Contact		Relationship
Emergency Contact Cell	Emergency Contact Home	Emergency Contact Work

Please provide at least two phone numbers where the Emergency Contact can be reached.

Does your child have an I.E.P. (Individualized Education Plan)? Yes No

Does your child have a 504 Plan? Yes No

Allergies _____

Medications _____

Medical Conditions _____

Does your child have special circumstances or needs of which we should be aware? Yes No

If Yes, please describe:

Physician: Name _____ Physician: Phone Number _____

Dentist: Name _____ Dentist: Phone Number _____

Insurance Company / Medical Plan _____ Group and Plan Number _____

In the case of an emergency, I authorize AMP to seek medical treatment for my child in the event that I am unable to be contacted.

Parent/Guardian Signature:	Date
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POST-CLASS ARRANGEMENTS

My child (check one):

_____ will be picked up by parent/guardian

_____ is allowed to walk home after class (parent initials _____)

To avoid late pick-up fees, please list below any additional people, and their relationship to the child, who may pick up the student from class. **Children will not be released to individuals not listed on this form. Please keep this information updated.**

Name	Relationship/Cell Phone Number
Name	Relationship/Cell Phone Number

BEHAVIOR AGREEMENT

The Alameda Music Project staff reserves the right to deny service to anyone. In the event of inappropriate conduct, significant lateness and/or absences, staff will make reasonable efforts to counsel the student and consult with parents before the student is suspended or dismissed permanently.

PUBLICITY RELEASE AGREEMENT & CONSENT FOR PARTICIPATION/LIABILITY RELEASE

As a parent of an Alameda Music Project (AMP) participant, I understand that publicity and donations in support of the organization can be earned through performing. Students are expected to participate with AMP at all scheduled performances.

I consent to AMP receiving all payments for student performances involving my minor child/ward which may include but are not limited to: concerts, commercials, films, radio, community/civic events, billboards, internet presence, flyers, and newspaper and television appearances. I give consent for my child/ward's image, voice and artwork to be used in association with publicity, fundraising and community activities, exclusively on behalf of AMP.

Please be advised AMP takes photographs and video and/or audio recordings of rehearsals, productions, concerts and other activities. Their uses include, but are not limited to print, web, video sharing sites such as Youtube and Vimeo, the news media and independent production companies. The likeness of any person involved with AMP could possibly appear in these recordings. AMP has the irrevocable right to film, record, and reproduce materials for broadcast and commerce, which may contain your child's likeness. I understand that AMP practices full disclosure of program revenue sources and I may request such information at any time.

Hold Harmless Agreement

By registering your minor child/ward for participation in Alameda Music Project you will be waiving your rights and/or the rights of your child/ward to all claims for injuries your minor child/ward might sustain arising out of this program and you will be required to indemnify, hold harmless and defend the Alameda Music Project and Bay Area Music Project for any claims arising out of participation in said program.

Risk of Injury: As a participant in the program, or as a parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities associated with this program.



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Indemnify and Defense: I further agree to indemnify, hold harmless and defend the Alameda Music Project and Bay Area Music Project and its officers, agents and employees from any and all claims from injuries, including death, damages and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program.

Release from Liability: I do hereby fully release and discharge Alameda Music Project and Bay Area Music Project and its officers, agents and employees from any and all claims from injuries, including death, damage or loss which may occur on account of participation in the program.

Waiver of Injury Claims: I agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with the activities of the program. In the event of any emergency, I authorize Alameda Music Project to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary for me or my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

Parent/Guardian Signature:	Date
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Program Evaluation Consent:

I authorize my child to participate in program evaluation activities. These may include interviews, journaling, assessments, tasks, or other evaluative tools. Alameda Music Project will keep this information confidential, only presenting such information to the public with identifying information removed or in aggregate form (group averages). I am also aware that Alameda Music Project will be contacting parents/guardians to assist in the program evaluation process, and that I will be asked to participate in this process. This may include filling out surveys or assessments and participating in interviews.

Parent/Guardian Signature:	Date
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TUITION FEES AND FINANCIAL AID

Monthly tuition fees for one student are the following:

- KinderBAMP \$350.00
- Grades 1-5 \$270.00

Siblings: when enrolling more than one child at the same time, each additional child will be enrolled at a sibling discount. If the first child fee is \$270, each additional child in grades 1-5 is \$220. If the first child pays \$270, and the additional child is in Kindergarten, the fee is \$570/mo.

Payment: Payment is due on the 1st of each month. Late payments after the 5th of the month will be automatically charged an extra fee of \$25. Families who miss one tuition payment will become delinquent in their accounts and will be given a deadline to make these payments in full. Failure to meet this deadline will result in immediate suspension from Alameda Music Project until payments are made. Autopay options are available online at www.bayareamusicproject.org/tuition

Alameda Music Project seeks to provide an opportunity for all children who want to participate. Full tuition scholarships are automatically awarded to families who qualify for free or reduced lunch (proof must be provided). We recognize that special circumstances can make things hard for those with higher incomes, therefore limited financial aid is offered on a case by case basis.

To qualify, families must complete the financial aid application and provide supporting documents, including a tax return. Please be as clear and thorough on the application as possible. All information you provide is confidential and reviewed only by our board’s Scholarship Committee.

2018-19 ALAMEDA MUSIC PROJECT SLIDING TUITION SCALE BASED ON GROSS FAMILY INCOME

Number of Dependents

Monthly Fee Amount	1	2	3	4	5	6	7	8
Full Scholarship	Up to \$21,978	Up to \$29,637	Up to \$37,296	Up to \$44,955	Up to \$52,614	Up to \$60,273	Up to \$67,951	Up to 75,647
\$125	\$21,979 - \$30,340	\$29,638 - \$47,999	\$37,297 - \$45,658	\$44,956 - \$53,316	\$52,615 - \$60,976	\$60,274 - \$68,635	\$67,952 - \$76,313	\$75,648 - \$84,009
\$270	\$30,341 & above	\$48,000 & above	\$45,659 & above	\$53,317 & above	\$60,977 & above	\$68,636 & above	\$76,314 & above	\$84,010 & above

If your family is unable to pay the current monthly tuition, or feel your monthly rate does not reflect your current financial situation, please contact us. We work with families!