Community String Project Registration Form: Youth

Please fill out, download and mail to CSP, PO Box 513, Bristol, RI 02809 by the date on the home page. Or save as pdf and email to: info@communitystringproject.org. You may send payment with your form or pay online at our secure Online Store at: communitystringproject.org.

Please feel free to email or call at 401-500-1243 with questions or concerns.

Child's name:	School:	Grade:_	Pa	arent/		
Guardian:						
Address:	City/State:	Zip	H	ome		
Telephone:	Cell phone:			Work		
Telephone:	E-mail:			Emergency Contact		
(other than parent):						
Relationship:	Phone:		En	nergency/		
Medical Notes						
My child is a beginner	OR has played for (length of tim	e)	W	hat		
instrument would your ch	aild like to play? violin viola	cello *bass				
We offer violin, viola, an	d cello lessons starting in 3rd grade.	*Bass is available i	n 6th gra	de. I would		
like to enroll my grade 3-	8 child in the following program:					
Colt Andrews on Rockwell on Fri	Wednesday 4:00 - 4:50 on Thursday 4:00 - 4:50	_	o be sche ired) Th	duled with ursday		
High Schoo	ol and Adult at the Bristol Sta	atehouse at 24	0 High	St., Bristo		
	tudents may remain in the youth orchess. If there are sufficient high school Inem.					
	lnesdays from 6-7:40 ys from 7:40 - 9:20					
I give CSP permission to (including social media	o use my child's photo for publicity	purposes	YES	NO		
I would like to voluntee	r for CSP activities (concerts, fund ident, how did you hear about CSP		YES	NO		
Please indicate the pers	son(s) you approve for pick-up.					
	Phone:					
	Phone:					
Parent/Guardian Signa	ture					

PAYMENT INFORMATION

Lesson fee (per semester)	Lesson iee (per semester)			210 ree (\$25 instrument fee required if needed)			
Free/reduced lunch program	1	ree (425 mstrume	iit iee require	i ii iieeded)			
■ We qualify for free/reduced lunch (pl We do not qualify for free/reduced lunch) (Please complete and attach Financia	nch but n	eed financial aid t	o participate				
INSTRUMENT: The CSP instrument qualify for free/reduced lunch pay a reduced lunch p	maintena educed fe	nce fee is \$40 per e of \$25 per semes	semester. Studster.	lents who			
Check one:							
We own or rent our own instrument:	violin	viola	cello	bass			
We need to use a CSP instrument:	violin	viola	cello	bass			
(please complete and attach Instrum	ent Use fo	orm)					
I am submitting the following payn	nent. Che	ecks payable to C	SP.				
FULL PAY							
Lesson fee:	\$210						
Sibling Discount for 2^{nd} and 3^{rd} child:	-\$50						
Instrument maintenance:	\$40/\$0	(own)					
Total:							
	any amo	ount					
FREE/REDUCED PAY free Lesson fee: \$25 / \$ Instrument maintenance:	0 (own)						
CSP Use Only: Amount Received \$ Received by:		Cash: \$	Check #	:			
Please complete the following for so ONLY):	chool dis	missal procedur	es (Guiteras a	nd Hugh Cole			
My child (name)		will be attend	dina Commun	tu String			
(School)will be attending Community String Project classes after school on(days and time)				ity String			
Parent Signature							
COZ Program - Please read This year the COZ program will continue to		-	-	chool and			
Rockwell School during the gap time betwe Supervision will not be offered after CSP with the COZ program at that school.	en the en	d of school and th	e beginning of	CPS Classes.			
My child attends Colt Andrews or Rockwell and wi	ill go to CO	Z at the end of the so	chool day until C	SP class:			
Student's name	 	Colt Andrews	Rockwell	Parent's			
Signature			····				

Community String Project Use of Instrument Agreement - Youth

I, the undersigned, am the parent/legal guardian of
(child's name and school), who is a participant in the Community String Project. I understand that my child has been granted permission to use a CSP (violin, viola, cello, bass), including the bow and the case, for use in the program <i>if available</i> . I also understand that this is a delicate
instrument and that special care will need to be taken to protect the instrument.
In consideration of my child being permitted to use the instrument, I agree to accept full responsibility for the care of the instrument. Further, I agree to accept full financial responsibility for its replacement value (up to \$400 for violin, \$465 for viola, \$850 for cello, \$1700 for bass) should the instrument be broken, lost, stolen or, in CSP's estimation, irreparably damaged during the period that it is loaned to my child.
I also understand and agree that if the instrument is not returned by the agreed upon return date, the end of the current CSP season, or upon leaving the program, it will be considered lost and I will have full financial responsibility for the replacement value.
Additionally, I agree not to permit anyone else to use the instrument during the time period that it is signed out in my child's name and to take necessary precautions to ensure that my child does not allow anyone else to use the instrument.
I acknowledge that I have read and understand the terms of this agreement and that I am of legal age to bind myself to this agreement. This agreement has been executed on behalf of myself, my heirs and assigns. This agreement has been executed in and shall be interpreted according to the laws of the state of Rhode Island.
Parent name:Date:
Parent Signature:
To be filled out by CSP:
Size needed: By CSP Instructor (Initials):