



2025/26 Registration Form Chorister ID # _____ (office use only)

Chorister Information

Chorister Last Name _____ Chorister First Name _____

Preferred Name _____ Date of Birth (d/m/y) _____

School Grade as of Sept 2025 _____

Home School? Yes No If **no**, please indicate school name _____

Please describe any learning accommodation (IEP), disability, medical condition, dietary considerations or allergies (do they carry an epi pen) that we should be made aware of.

Does your child have performance anxiety? YesNo

Does your child have limited stamina? YesNo

If **yes** to any of the above, please explain and tell us how we can help _____

Does your child study music privately? If so, please indicate instrument, teacher, level etc.

Are there any other activities or personal circumstances (like shared custody) that might affect your child's choir participation?

Family Information

Mother/Guardian's Name _____ Father/Guardian's Name _____

Address _____

City _____ Postal Code _____

E-mail Address: mother _____ father _____ guardian _____

Cell Phone: mother _____ father _____ guardian _____

Preferred form of communication (circle): Text Email

Chorister lives with: Mother ___ Father ___ Both ___

Do mother or father have current first aid qualifications? Yes No

If **yes**, describe: _____

Alternate emergency contact person: _____

Relationship:Phone: _____

Language spoken in home: English _____ French _____ Other (please specify) _____

MEDIA RELEASE (video/audio) - Membership requirement

I, _____ (your name), give permission to the Georgian Bay Children's Choir, or any party authorized by the Georgian Bay Children's Choir, to have photographs, videos, or audio recordings of my child _____ (child's name) taken while the Georgian Bay Children's Choir is participating in choir activities such as performances, rehearsals, festivals, workshops etc. This permission includes periodicals, books, brochures, web sites, recordings and any other promotional materials which may be connected with the above. **INITIAL** _____

TRAVEL PERMISSION - Membership requirement

I, _____ (your name) give permission for my child _____ (child's name), to travel with the Georgian Bay Children's Choir on GBCC sanctioned trips, and will not hold the GBCC or it's members responsible for accidents or misadventures which may arise. **INITIAL** _____

MEDICAL CARE PERMISSION - Membership requirement

I, _____(your name) give permission for a GBCC official to authorize medical treatment for my child, _____(child's name) should the need arise and all attempts to contact me, or my alternate emergency contact have failed. **INITIAL** _____

NEW ANTI-SPAM LEGISLATION - Membership requirement

I, _____(your name), give express consent to the Georgian Bay Children’s choir, or any party authorized by the Choir, to send any future correspondence to me relating to your organization. CASL applies to emails, text and instant messages, and any similar messages sent to electronic addresses or physical address listed above. **INITIAL** _____

Volunteer Requirements

I acknowledge that the fees for my child(ren) to be in the Georgian Bay Children’s Choir include a commitment of approximately **10 volunteer hours** for the full year including 1 concert and **5 volunteer hours** for half a term. Volunteer opportunities include concerts, fall and spring camp, performances, special events, wardrobe, library, lots to choose from.

Police checks will be required for certain volunteer positions.

There will be 2 fundraising projects annually (Fall and Spring) and it is expected that families to will participate in both.

If I choose not to participate in fundraising, I understand that the option of making a donation in lieu of fundraising is available. A tax receipt will be issued. Minimum donation per child:

Allegretto \$175. Youth Singers \$200. Chamber Ensemble \$225

INITIAL _____

Fees and Payment Information 2025- 2026 Choir Season

Allegretto:

Half Year 225.00 (due Sept 30/25 or Jan 31/26)

Full Year 375.00 (Due Sept 30/25)

Youth Singers:

Half Year 285.00 (due Sept 30/25 or Jan 31/26)

Full Year 450.00 (Due Sept 30/25)

Chamber Ensemble: .

Half Year 325.00 (due Sept 30/25 or Jan 31/26)

Full Year 525.00 (Due Sept 30/25)

Family Rate: Pay for the two oldest choristers in the family, remaining choristers are free

Bursary Fund: Forms for application to GBCC Bursary Fund are available from the website OR attendance desk. Applications and approvals are strictly confidential. Up to 75% support may be available per chorister. (Depending on available funds)

Refund policy: 75% of fees are refundable up to the third week of rehearsal. No refunds will be issued after that date.

Payment methods: e-transfer gbccmanager@gmail.com, cheque or cash is accepted

Payment Plan: Sept 30/25 _____ Nov 30/25 _____ Jan 31/26 _____ Mar 31/26 _____

The Early Bird rate is not eligible for the payment plan.

Please note: Wardrobe and music will not be distributed until 25% of fees are collected.

Signature _____

Date _____

GBCC Office approval _____

Date _____

Notes: