



## 2026/27 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 2026 \_\_\_\_\_

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

Please describe any learning accommodation (IEP), neuro-divergent status, physical disability, medical condition, dietary considerations or allergies of which we should be aware.

For example, do they need to carry an epipen? (please note that we are unable to accommodate needs that require staff with specialized training or skills outside of their musical expertise)

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Does your child have performance anxiety? Yes \_\_\_ No \_\_\_

Does your child have limited stamina? Yes \_\_\_ No \_\_\_

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

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

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

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

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**Attendance:** Attendance is expected at all choir rehearsals and events. If a child is ill please use the following guide to determine their attendance: **Highly contagious virus, fever, vomiting - STAY HOME please!** For all other maladies we strongly encourage them to attend rehearsal in order to learn along with the group, but NOT to sing. They can listen and learn, mark their scores etc. If they are coughing they can wear a mask & sit apart from the group. Listening is another effective form of learning, Dr. MacNay can give them specific information that will be helpful for their at home work. The goal is to ensure that they will not fall behind their peers and the group can learn together as a team. If a chorister misses 3 rehearsals in a term, we will have a conversation about their participation in upcoming choir performances and events to ensure that their absence does not negatively affect the rest of the group.

### **Personal deportment, Self Control, Self Discipline**

All choristers, staff & volunteers are expected to speak kindly, positively and cheerfully. Foul language, derogatory comments & remarks will not be tolerated. Everyone is expected to come to rehearsals & choir performances with a positive attitude, demonstrating self control, ready to sing and help one another. Inappropriate, disrespectful speech & behaviour will not be tolerated. We are a team and each member is valued and treasured and deserves to be treated with respect. Anyone unable to support the team in this way will be asked to leave, no refund will be given.

### **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: \_\_\_\_\_

**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 membership for my child(ren) in the Georgian Bay Children's Choir includes a commitment of approximately **10 volunteer hours** for the full year including 1 concert and **5 volunteer hours** per term. Volunteer opportunities include concerts, day camps, performances, special events, wardrobe etc. Valid Police checks required for some 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 2026- 2027 Choir Season**

<b>Allegretto:</b>	Early Bird (full year only)	325.00 must pay in full by July 31/26
	Half Year	225.00
	Full Year	375.00
<b>Youth Singers:</b>	Early Bird (full year only)	400.00 must pay in full by July 31/26
	Half Year	285.00
	Full Year	450.00
<b>Chamber Ensemble:</b>	Early Bird (full year only)	475.00 must pay in full by July 31/26
	Half Year	325.00
	Full Year	525.00

**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:auto deposit: [gbccmanager@gmail.com](mailto:gbccmanager@gmail.com) cheque or cash

**Payment Plan:** Sept 30/26 \_\_\_\_\_ Nov 30/26 \_\_\_\_\_ Jan 31/27 \_\_\_\_\_ Mar 31/27 \_\_\_\_\_

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** \_\_\_\_\_

**GBCO Office approval** \_\_\_\_\_

**Date** \_\_\_\_\_

**Chorister info:**

**Notes:**

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