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)

_____

_____

_____

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 _____

_____

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

_____

_____

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

_____

_____

Language spoken in home: English_____French_____Other (please specify) _____

_____

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**_____

<u>Volunteer Requirements</u>

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

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

GBCC Office approval _____ **Date**_____

Chorister info:

Notes: