



It's Back this Summer!

Enrichment Program for rising 1st-3rd graders that brings Music + Literacy together in one fun learning environment.

Your child is invited to take part in a week long program with a unique curriculum developed by Cheshire teen Ella Crerar. Created from her passion of music she will introduce the young audience to a different guest musician weekly and will pair their instruments and songs with books, crafts and activities to provide students the opportunity to develop their passion for music and literacy.

The week's schedule for the program is as follows:

The program will be held during the week of July 31st – August 4th at the Yellow House (554 South Main Street) across the street from Cheshire High School.



| | | | |
|---------|-----------|------------|------------------------|
| Day #1: | Monday | July 31st | 9:30 a.m. – 11:30 a.m. |
| Day #2: | Tuesday | August 1st | 9:30 a.m. – 11:30 a.m. |
| Day #3: | Wednesday | August 2nd | 9:30 a.m. – 11:30 a.m. |
| Day #4: | Thursday | August 3rd | 9:30 a.m. – 11:30 a.m. |
| Day #5: | Friday | August 4th | 9:30 a.m. – 11:30 a.m. |

PLEASE NOTE: Space is limited to 15 students.

Program Cost: \$25.00 for residents* OR \$30.00 non-residents

Program is open to all students entering 1st-3rd, Including non-residents who currently attend school in Cheshire

**Financial assistance is available for Cheshire residents who qualify, please contact our office for more information.*

Positive aspects of program:

- *inspires children in a unique way to enjoy and learn about music.*
- *children will develop a positive association with reading and music.*
- *develop musical skills such as instrument recognition.*

Program Fee
\$25.00

(\$30.00 non residents)

Make checks payable to Cheshire Youth Services

Daily snack will be included

**financial assistance available, please inquire*

Please return the Registration Form no later than **Friday, July 14, 2023**

Form can be dropped off at the Yellow House anytime (we have a mail slot in the front door)

For more information please contact Cheshire Youth Services at (203) 271-6691
or send an email to yellowhouse@cheshirect.org



TOWN OF CHESHIRE
DEPARTMENT OF HUMAN SERVICES
YOUTH SERVICES DIVISION



84 SOUTH MAIN STREET, CHESHIRE, CONNECTICUT 06410
Telephone (203) 271-6690 FAX (203) 271-6626
Website: <http://www.cheshirect.org/youth-services>

SOUNDS OF MUSIC - SUMMER 2023

REGISTRATION/PERMISSION FORM

Please complete this form and return **Friday, July 14, 2023** to: Cheshire Youth Services, 84 South Main Street, Cheshire, CT 06410. Or to the Yellow House (there is a mail slot in the front door)

Note: There is very limited space (maximum of 15 students) available for this program so send your registration form and payment in early. Forms received after space has been filled can be put on a waiting list and will have the opportunity to participate in the next session of Sounds of Music.

Student's Name: _____ **Grade:** _____ **Gender:** _____

→ **Please select your child's school:**

___ Chapman ___ Doolittle ___ Highland ___ Norton ___ St. Bridget's ___ Other: _____

Parent/Guardian Name(s): _____ **Primary Cell ph.:** _____

Home Address: _____ **Home Ph.:** _____

Parent/Guardian E-Mail: _____ **Secondary Cell ph.:** _____

Emergency Contact Name: _____ **Home Ph.:** _____

Contact's Relationship to Child: _____ **Cell ph.:** _____

Please list any medical problems or allergies that our staff should be aware of. _____

I/WE, _____ give permission for _____ to participate in the Cheshire Youth Services SOUNDS OF MUSIC program. I/WE are aware of the purpose and scope of this activity and accept responsibility for the normal and general risks involved in this activity. If it is necessary for my child's health to have emergency transportation and medical care administered, I give permission for the Program Supervisor to authorize this care for my son/daughter if I am unable to do so.

Please list any insurance and medical practitioner information that will assist the Program Supervisor in obtaining prompt medical treatment for your child below.

(Parent or Guardian Name - Printed)

(Parent or Guardian Signature)

(Date)



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DEMOGRAPHICS (Please check one in each category):

Note: We provide certain demographic information from this form to the State of CT Department of Education, Department of Children, Youth & Family Services and Court Support Services Division for statistical data and research purposes. All names and personal information is kept confidential.

Student's Name: _____ **Gender:** _____ **Age:** _____

School: _____ **Grade:** _____

Family:

Race:

- _____ American Indian/Alaska Native
- _____ Asian
- _____ Black/African American
- _____ Native Hawaiian/ Pacific Islander
- _____ Multi Racial
- _____ White/Caucasian

Ethnicity:

- _____ Hispanic/Latino
- _____ Non-Hispanic/Non-Latino

- _____ 2 Birth Parents
- _____ Adoptive Parents
- _____ Step & Birth Parent
- _____ Single Parent Female
- _____ Single Parent Male
- _____ Grandparent
- _____ Relative/Guardian
- _____ DCF (Dept. of Children & Family)
- _____ Foster Parent
- _____ Joint Custody
- _____ Other

Student Photo Release

Occasionally, pictures and/or video are taken during Cheshire Youth Services programs and events. Some of these pictures may be used in newsletters, flyers and advertisements, put on the official Cheshire Youth Services/Yellow House and Town websites, Official CYS/Yellow House Facebook or Shutterfly Website, or used in local newspapers. This portion is to be completed by a parent/legal guardian, unless the student is over 18 years of age; and returned to Cheshire Youth and Social Services.

If you have any questions or concerns, please contact us at 203-271-6690,
or cheshireyouthservices@cheshirect.org. Thank you.

_____ I **DO** give permission for my child's picture/video to be taken for use in local newspapers, Cheshire Youth Services newsletters and flyers, CYS or Town website, CYS official Facebook/Shutterfly, local newspapers, advertisements, etc.

_____ I **DO NOT** give permission for my child's picture/video to be taken for use in local newspapers, Cheshire Youth Services newsletters and flyers, CYS or Town website, CYS official Facebook/Shutterfly, local newspapers, advertisements, etc.

Child's Name

Age

Birthdate

Parent/Legal Guardian Name (print)

Parent/Legal Guardian Name (signature)

Date