

August 3-7, 2015 ★ 9:00am - 3:30pm

MATTIE RHODES

ROCKIN' MUSIC CAMP

Youth will participate in both individual and group lessons on guitar, bass, piano, voice, drums and percussion. We welcome both beginners and more advanced youth with experience on their respective instruments.

AGES: 10-17 years old

WHERE: Mattie Rhodes Center-Northeast

COST: \$ 30 for the week

The focus of the program is:

- ★ Music exposure and experimentation
- ★ Learning about different careers in the music industry
- ★ How music can serve as a tool to preserve culture, express identity and to share with the community

Youth will perform in a concert at the end of the week!



To register, please come by:
Mattie Rhodes Center - 148 N Topping, KCMO 64123
Or you can register online: www.mattierhodes.org
For more information, please contact: Diego Chi at 816-213-6775



Registration Form

CHILD INFORMATION:

Today's Date: mm/dd/yy		Birth Date: mm/dd/yy		Age:	T-Shirt Size:	Program registering for: MATTIE RHODES ROCKS	
First Name:			MI:	Last Name:			County:
Address:				City:		State:	Zip Code:
Phone Number 1:			Phone Number 2:			Email:	
Race: Caucasian /White <input type="checkbox"/> African American/ Black <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/>						Language Preferred:	
Ethnicity: Are you Latino/a or Hispanic? Yes <input type="checkbox"/> No <input type="checkbox"/>						Spanish <input type="checkbox"/> English <input type="checkbox"/>	
If no, what your ethnicity? _____				What is your country of origin? _____		Other _____	
Gender:		Disability: Yes <input type="checkbox"/> No <input type="checkbox"/> Accommodations Needed: _____					
Male <input type="checkbox"/> Female <input type="checkbox"/>							
Other _____		What other programs are you involved in at Mattie Rhodes Center?					

EMERGENCY CONTACT INFORMATION:

School:				Grade:	Parent/Guardian Language Preferred:	
Parent/Guardian:			Relationship:			Spanish <input type="checkbox"/>
Phone Number 1:		Phone Number 2:		Email:		English <input type="checkbox"/>
						Other _____
Emergency Contact:			Relationship:		Phone Number:	

HOUSEHOLD DEMOGRAPHICS: (REQUIRED FOR OUR FUNDERS and SCHOLARSHIP APPLICANTS)

Relationship Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Partnered <input type="checkbox"/> Other <input type="checkbox"/> _____	
Household Gross Income for the Month:	Religion:
Number in Household: _____	Do your children qualify for: Free Lunch <input type="checkbox"/> Reduced Lunch <input type="checkbox"/>
Female Head of Household: Yes <input type="checkbox"/> No <input type="checkbox"/>	How long has your family lived in Kansas City, MO?
How did you hear about Mattie Rhodes Center (MRC)? Friend/Relative <input type="checkbox"/> School <input type="checkbox"/> MRC Staff <input type="checkbox"/> Community Agency <input type="checkbox"/> Medical Provider <input type="checkbox"/> Media <input type="checkbox"/> Other <input type="checkbox"/> _____	
<p>This program is funded in part by COMBAT (Jackson County Community Backed Anti-Drug Tax). As a means toward measuring levels of violence in our community, they request that we collect the following information from families.</p> <p><u>Your family's personal information will not be reported with your answers.</u></p> <p>Please check the boxes below if anyone in your family has been affected by the following:</p>	
Witnessed violence <input type="checkbox"/> Been a victim of violence <input type="checkbox"/> Been in a fight <input type="checkbox"/> Been convicted of a crime <input type="checkbox"/> Currently or ever been in a gang <input type="checkbox"/> Currently being bullied <input type="checkbox"/> Have been bullied before <input type="checkbox"/> Have bullied other people <input type="checkbox"/> Used illegal drugs <input type="checkbox"/> Feel in danger at home <input type="checkbox"/>	

CONSENT AND WAIVER FOR MATTIE RHODES CENTER PARTICIPANTS

Please initial the following items

_____ I release Mattie Rhodes Center (MRC) from liability for any injury that may occur on MRC premises, during transportation, or during program participation.

_____ I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of myself or my child/dependent.

Are there any special medical concerns we should be aware of? YES _____ NO _____ (If yes describe below)

_____ Preferred hospital? _____

Doctor to notify: Name: _____ Phone: _____

_____ I give MRC my permission to use photographs of my child/dependent or myself taken during programming for MRC marketing use.

_____ Participants of all ages are expected to exhibit appropriate behavior. A participant, who displays ongoing inappropriate or unmanageable behavior, including harassment, may be asked to leave the premises or be removed from the group. Police assistance will be requested when the participant is dangerous to self or others or has the potential to be dangerous to self or others.

Please list any behavior or safety issues we should be aware of:

_____ I give my permission for my child to be escorted by MRC staff to the programming site (including MRC Art Center, MRC Northeast, Jubilee Garden, etc.) Fieldtrips will require a separate form to be signed by the parent/guardian.

After programming, my child/dependent will...

Be picked up Will walk home Will go back to school (enrolled in LINC, etc)

List of people allowed to pick up your child: _____

****I will pick up my child from Mattie Rhodes promptly at the end of programming.**

_____ As a parent, I am committed to attending parent education events as a means toward more positive communication and interactions with my child.

Please sign below to acknowledge your understanding and receipt of the information on MRC Programming, the Letter of Understanding (which includes Behavior Support and Interventions), the Grievance Procedure, the Parent Handbook (if applicable) and the Notice of Privacy Practices (if applicable.)

(Print Parent/Guardian Name)

(Parent/Guardian Signature)

(Date)