

# Community String Project Registration Form: Youth

Please fill out, download and mail to CSP, PO Box 513, Bristol, RI 02809 by the date on the home page. Or save as pdf and email to: [info@communitystringproject.org](mailto:info@communitystringproject.org). You may send payment with your form or pay online at our secure Online Store at: [communitystringproject.org](http://communitystringproject.org).

Please feel free to email or call at 401-500-1243 with questions or concerns.

Child's name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Parent/

Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip \_\_\_\_\_ Home

Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Emergency Contact

(other than parent): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Emergency/

Medical Notes \_\_\_\_\_

My child is a beginner \_\_\_\_\_ OR has played for (length of time) \_\_\_\_\_ What

We **offer violin, viola, and cello** lessons starting in **3rd grade**. \*Bass is available in 6th grade. I would like to enroll my grade 3- 8 child in the following program:

- Guiteras on Tuesday 4:00 - 4:50
- Hugh Cole on Wednesday 4:00 - 4:50
- Colt Andrews on Thursday 4:00 - 4:50
- Rockwell on Fridays at 4:00-4:50

Each student will also receive one private zoom lesson/wk, to be scheduled with your teacher

- Middle School Orchestra - Grades 6-8 (previous experience required) Thursday 6:00-7:50 at the Bristol Statehouse, 240 High St., Bristol (Lower Group 6-6:50; Upper Group 7-7:50)

## High School and Adult at the Bristol Statehouse at 240 High St., Bristol.

High School level students may remain in the youth orchestra or select from one of the below choices of adult class. If there are sufficient high school level students enrolled, a separate section will be opened for them.

Intermediate - Wednesdays from 6-7:40 \_\_\_\_\_

Advanced - Mondays from 7:40 - 9:20 \_\_\_\_\_

I give CSP permission to use my child's photo for publicity purposes (including social media posts).

YES NO

I would like to volunteer for CSP activities (concerts, fundraisers, etc.) If you are a new student, how did you hear about CSP?

YES NO

Please indicate the person(s) you approve for pick-up.

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

**PAYMENT INFORMATION**

**LESSONS:** \$210  
Lesson fee (per semester) free (\$25 instrument fee required if needed)  
Free/reduced lunch program

We qualify for free/reduced lunch (please attach copy of qualifying paperwork)

We do not qualify for free/reduced lunch but need financial aid to participate  
(Please complete and attach Financial Aid form- available on website.)

**INSTRUMENT:** The CSP instrument maintenance fee is \$40 per semester. Students who qualify for free/reduced lunch pay a reduced fee of \$25 per semester.

Check one:

We own or rent our own instrument: violin viola cello bass

We need to use a CSP instrument: violin viola cello bass

(please complete and attach Instrument Use form)

**I am submitting the following payment. Checks payable to CSP.**

**FULL PAY**

Lesson fee: \$210  
Sibling Discount for 2<sup>nd</sup> and 3<sup>rd</sup> child: -\$50  
Instrument maintenance: \$40 / \$0 (own) \_  
Summer instrument use: \$40  
(with paid fall registration)

|                     |
|---------------------|
| Total Fee Submitted |
| \$ _____            |

**FREE/REDUCED PAY**

Lesson fee: free  
Instrument maintenance: \$25 / \$0 (own)

|                    |          |                |               |
|--------------------|----------|----------------|---------------|
| CSP Use Only:      |          |                |               |
| Amount Received    | \$ _____ | Cash: \$ _____ | Check # _____ |
| Received by: _____ |          |                |               |

**Please complete the following for school dismissal procedures (Guiteras and Hugh Cole ONLY):**

My child (name) \_\_\_\_\_  
(School) \_\_\_\_\_ will be attending Community String  
Project classes afterschool on \_\_\_\_\_ (days and time)

Parent Signature \_\_\_\_\_

**COZ Program – Please read for changes in services for this year**

This year the COZ program will continue to offer child supervision at Colt Andrews School and Rockwell School during the gap time between the end of school and the beginning of CPS Classes. **Supervision will not be offered after CSP instruction at all schools unless you are registered with the COZ program at that school.**

**My child attends Colt Andrews or Rockwell and will go to COZ at the end of the school day until CSP class:**

Student's name \_\_\_\_\_ Colt Andrews \_\_\_\_\_ Rockwell \_\_\_\_\_ Parent's

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Community String Project  
Use of Instrument Agreement - Youth**

I, the undersigned, am the parent/legal guardian of \_\_\_\_\_  
(child's name and school), who is a participant in the Community String Project. I understand that my child has been granted permission to use a CSP \_\_\_\_\_(violin, viola, cello, bass), including the bow and the case, for use in the program **if available** . I also understand that this is a delicate instrument and that special care will need to be taken to protect the instrument.

In consideration of my child being permitted to use the instrument, I agree to accept full responsibility for the care of the instrument. Further, I agree to accept full financial responsibility for its replacement value (up to \$400 for violin, \$465 for viola, \$850 for cello, \$1700 for bass) should the instrument be broken, lost, stolen or, in CSP's estimation, irreparably damaged during the period that it is loaned to my child.

I also understand and agree that if the instrument is not returned by the agreed upon return date, the end of the current CSP season, or upon leaving the program, it will be considered lost and I will have full financial responsibility for the replacement value.

Additionally, I agree not to permit anyone else to use the instrument during the time period that it is signed out in my child's name and to take necessary precautions to ensure that my child does not allow anyone else to use the instrument.

I acknowledge that I have read and understand the terms of this agreement and that I am of legal age to bind myself to this agreement. This agreement has been executed on behalf of myself, my heirs and assigns. This agreement has been executed in and shall be interpreted according to the laws of the state of Rhode Island.

Parent name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

To be filled out by CSP:

Size needed: \_\_\_\_\_

By CSP Instructor (Initials): \_\_\_\_\_