



Voices of Canton Inc. (VOCI) Saturday Enrichment

January 28 through March 17
at GlenOak High School

Voices of Canton (VOCI) - Saturday Enrichment Class

Grades 3 & 4 • 10:00-11:00

Grades 5 – 8 • 11:00-12:30

Fee: \$60

Voices of Canton collaborates with Plain Local Schools to bring music and song to the Saturday Enrichment program. Under the experienced direction of Suzanne Walters, a certified elementary music teacher, the students will hone their skills in the areas of tone, blend, balance, part-singing, and music reading through the singing of a variety of excellent literature.

Third and fourth graders and fifth through eighth graders will have the opportunity to present their finished product to parents and friends in a concert at the culmination of the eight week session.

Sign up for a fun filled experience under professional leadership!

VOCI Winter Enrichment Program Registration Form

HOW TO REGISTER!

1. By mail before January 23, 2012
(please do not mail after this date)

Saturday Enrichment Opportunities
c/o Mark Yocum, Director GlenOak High School
1801 Schneider St, Canton OH 44721

SELECT THE APPROPRIATE CLASS

VOCI Grades 3 & 4 \$60

VOCI Grades 5-8 \$60

Total enclosed \$ _____

Checks made payable to Plain Local Schools

Student's Last Name _____

Student's First Name _____

Age _____ Grade _____

Phone _____ Email _____

Parent/guardian _____

Address _____

City _____ State _____ Zip _____

School Building _____

Parent/Guardian Signature _____

Please complete Medical & Media Release Forms On Reverse

Emergency Medical Form (Part I or Part II must be completed)

Part I Medical Authorization

In the event reasonable attempts to contact me at

_____ (phone number) or

_____ (alternative phone number)

have been unsuccessful, I hereby give my consent for:

(1) the administration of any treatment deemed necessary by our family physician

Dr. _____ Phone _____

or dentist

Dr. _____ Phone _____

or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and

(2) the transfer of the my child to our preferred hospital

_____ or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concur in the necessity for such surgery, are obtained prior to the performance of such surgery. Information regarding my student's medical history including allergies, medications being taken, and any physician impairments to which a physician should be alerted.

Signature of parent or guardian Date

Part II Refusal to Consent

(Do not complete Part II if you completed Part I)

I do not give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to:

Signature of parent or guardian Date

Plain Local Schools Media Release Form

Please read, complete and sign this section too!

As the parent/guardian of _____
(please check one)

_____ I DO _____ DO NOT

give my permission to the Plain Local Schools to use my child/children's photograph or likeness in district or building publications, audio-visual presentations, and / or outside media news stories. This includes photographs, slides, audio/video and computer e-mail, Facebook or web pages.

Signature of parent or guardian Date