

## LINDEN CHRISTIAN SCHOOL

### SCHOOL of FINE ARTS

Phone: 204.799.0875 Email [sofa@lindenchristian.org](mailto:sofa@lindenchristian.org)

[WWW.LINDENCHRISTIAN.ORG](http://WWW.LINDENCHRISTIAN.ORG)

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*“Praise His name with dancing; play drums and harps in praise of him.” Psalm 149:3*

Dear School of Fine Arts Group Lesson Students and Parents,

Welcome all new and returning students and families to the School of Fine Arts! We look forward to a dynamic, creative, and stimulating year of studies in the Arts programs. Please find:

- REGISTRATION AND TUITION INVOICE
- MEDICAL INFO/ PHOTO RELEASE FORM
- CODE OF CONDUCT AGREEMENT

*Please complete all forms and return with payment.*

*Please make cheques payable to **Linden Christian School**.*

*Any Questions? Email [sofa@lindenchristian.org](mailto:sofa@lindenchristian.org)*

### SOFA GROUP LESSONS FALL 2019 REGISTER NOW!

#### INTRODUCTION TO MUSICAL THEATRE

Instructor MARGOT SIM

Grades 2 - 4

10 weeks - Thursdays 3:45 - 4:45 pm

\$185.00 \*\*

Start date September 26, 2019 \*

This is a beginner's course in communicating on stage through songs, poems, dialogue, gesture and staging. Fun and creativity with movement and music: warm-ups for the voice and body, Improv games and Theatre games will be enjoyed. Young students will build confidence as performers through team-work. The class will present a short, mini-musical at the end of the course.

Margot Sim has worked as a professional singer-actor and adjudicates Speech Arts and Musical Theatre in festivals across Canada. She is the Minister of Music at Grace Bible Church and a voice and voice/piano combo lesson instructor at SOFA. Margot believes in a high-energy learning environment and in finding the “fun” in fundamentals.

\*all classes subject to a minimum enrolment

\*\* includes registration fees, music,

#### **OTHER GROUP CLASSES OFFERED; contact [sofa@lindenchristian.org](mailto:sofa@lindenchristian.org) to register:**

MUSICAL THEATRE/GRADES 5-8/ INSTRUCTOR NIKITA LABDON / \$380.00\*\*

24 WEEKS/TUESDAYS/3:45-5:00 PM

ART CLASS / GRADES 1-4 / INSTRUCTOR LISA MENDIS / \$399.00\*\*

WEDNESDAYS / 24 weeks / 3:45 pm - 5:00 pm

ART CLASS / GRADES 5-8 / INSTRUCTOR LISA MENDIS / \$399.00\*\*

WEDNESDAYS / 24 weeks / 5:30 pm - 6:45 pm

**LINDEN CHRISTIAN SCHOOL  
SCHOOL OF FINE ARTS**

877 WILKES AVENUE, WINNIPEG, MB, R3P 1B8  
PHONE: 204.799.0875 EMAIL [SOFA@LINDENCHRISTIAN.ORG](mailto:SOFA@LINDENCHRISTIAN.ORG)  
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**INTRO TO MUSICAL THEATRE CLASS  
REGISTRATION FORM – 2019-2020**

Student Name: \_\_\_\_\_ Student birth date: \_\_\_\_\_  
Age: \_\_\_\_\_ School grade September 2019: \_\_\_\_\_ Gender: \_\_\_M \_\_\_F  
Parent Name: \_\_\_\_\_ Email address: \_\_\_\_\_  
Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_  
Phone (home): \_\_\_\_\_ Cell/Business: \_\_\_\_\_

Lesson:	Intro to Musical Theatre Class Grades 2 - 4	Instructor:	Margot Sim
		Phone:	204-232-6896
Number of Lessons:	10		
Length of Lesson:	60 minutes		
Date and Time:	Thursdays, 3:45- 4:45 pm	Start date	September 26, 2019
Tuition Fees:	\$185.00 (includes supplies and registration fees)		
<b>TUITION FEE PAYMENT: SELECT ONE OF THE FOLLOWING OPTIONS</b>			
<input type="checkbox"/>	OPTION #1 – ONE PAYMENT IN FULL (CHEQUE PAYABLE TO LINDEN CHRISTIAN SCHOOL) Attach 1 post-dated cheque in the amount of <b>\$ 185.00</b> dated September 1, 2019.		
<input type="checkbox"/>	OPTION #2 – TWO EQUAL PAYMENTS (CHEQUES PAYABLE TO LINDEN CHRISTIAN SCHOOL) Attach two post-dated cheques in the amount of <b>\$ 92.50</b> dated September 1, 2019 and November 1, 2019.		

**POLICIES AND INFORMATION**

- 1) REGISTRATION AND TUITION MUST BE SUBMITTED IN ADVANCE. A \$20.00 LATE PAYMENT FEE WILL BE ADDED IF PAYMENT IS NOT RECEIVED BY THE THIRD LESSON.
- 2) NO REFUNDS WILL BE ISSUED FOR LESSONS MISSED BY THE STUDENT.
- 3) TO TERMINATE LESSONS FOUR WEEKS WRITTEN NOTICE WILL BE REQUIRED WITH TUITION PAYABLE FOR THE FOUR WEEK PERIOD WHETHER OR NOT LESSONS ARE TAKEN.
- 4) ALL REFUNDS SUBJECT TO \$15.00 ADMINISTRATION FEE.
- 5) ALL RETURNED CHEQUES OR AFT'S WILL BE CHARGED \$25.00 FOR THE FIRST RETURN. SUBSEQUENT RETURNED PAYMENTS MAY BE CHARGED ADDITIONAL SERVICE FEES.
- 6) SEND COMPLETED FORMS AND CHEQUES TO **LINDEN CHRISTIAN SCHOOL, 877 WILKES AVENUE, WINNIPEG, MB, R3P 1B8, ATTN: SCHOOL OF FINE ARTS**

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

- REGISTRATION CHECKLIST – BE SURE TO INCLUDE:**
- \_\_\_ TUITION CHEQUES (**PAYABLE TO LINDEN CHRISTIAN SCHOOL**)
  - \_\_\_ THIS COMPLETED FORM
  - \_\_\_ MEDICAL RELEASE
  - \_\_\_ CODE OF CONDUCT AGREEMENT

## School of Fine Arts

### Code of Conduct

At the School of Fine Arts, we seek through word and action to create an environment of trust and mutual support in which each member of our community can grow. There is an emphasis on the need to be sensitive to those we come in contact with so that each student can realize his or her individual, God-given potential.

We all must learn to work individually and with others. Mutual respect, cooperation and sharing are important values in any social experience. The ability to work with and for others is an important part of the learning process.

We look forward to this class being a positive experience for the students, parents and instructors. We have instituted a policy regarding behaviour. The expectation of each student is that they show respect to others, be on time, and participate in class activities. If a student fails to follow these guidelines the instructors will notify the parent(s) after class. We do not anticipate any problems but appreciate your cooperation on this issue.

Please fill out the following form and return it with the other registration documents to the Linden Christian School Office, attention SOFA. Thank you!

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### School of Fine Arts

#### Code of Conduct Agreement

Student's name: \_\_\_\_\_ Class: \_\_\_\_\_

I, \_\_\_\_\_ (student's name) am aware of the School of Fine Arts Code of Conduct and agree to abide by it and to support it to the best of my ability.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I, \_\_\_\_\_ (parent/guardian name) have read and understand and agree with the School of Fine Arts Code of Conduct and have discussed it with my child.

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

Date: \_\_\_\_\_

# LINDEN CHRISTIAN SCHOOL - SCHOOL OF FINE ARTS – MEDICAL/PHOTO RELEASE

## STUDENT INFORMATION:

Student's Name: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Parent/Guardian Mailing Address: \_\_\_\_\_

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_

Home Email: \_\_\_\_\_

The following are permission requirements of registration:

**EMERGENCY MEDICAL PERMISSION:** In the case of a medical emergency, I/we authorize a staff member of Linden Christian School - School of Fine Arts to take our child to the nearest hospital or clinic to receive attention by the doctor on call.

I/we consent with this emergency medical procedure:  (✓ if Yes) \_\_\_\_\_ (initial) **OR**  (✓ if No) \_\_\_\_\_ (initial)

If answering "No", please provide alternate instructions: \_\_\_\_\_ (initial)

**If a child is taken to hospital by ambulance, there will be a charge that is directed to the parent of the child. The ambulance bill will be the responsibility of the parent. Although this is an unlikely event, the cost is significant enough that we recommend that students have insurance coverage (such as Student Accident Insurance) that covers them for the school year.**

## MEDICAL/ EMERGENCY

In case of emergency, please indicate who should be contacted when a parent/guardian cannot be reached:

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_

Manitoba Medical ID # (9 digits): \_\_\_\_\_

Other relevant insurance information: \_\_\_\_\_

Student's doctor: \_\_\_\_\_ Doctor's Phone : \_\_\_\_\_

## ALLERGIES

Does the student have any severe or life threatening allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

## USE OF PICTURES OF YOUR CHILD:

Photographs of your children are taken by staff /volunteers while they are engaged in school activities for the purpose of publication in internal SOFA displays, **SOFA newsletters, and various external SOFA promotions such as posters or brochures.**

(✓ Yes I consent) \_\_\_\_\_ (initial) **OR**  (✓ No, I do not consent) \_\_\_\_\_ (initial)

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_