

LINDEN CHRISTIAN SCHOOL

SCHOOL of FINE ARTS

Phone: 204.799.0875 Email sofa@lindenchristian.org

WWW.LINDENCHRISTIAN.ORG

“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
- AFT PAYMENT FORM

*Please complete all forms and return with payment.
Please make cheques payable to **Linden Christian School**.
Any Questions? Email sofa@lindenchristian.org*

SOFA GROUP LESSONS January 2020 REGISTER NOW!

SOFA MUSICAL THEATRE CLASS

Grades 5 - 8

11 weeks - Tuesdays, 3:45 - 5:00 pm

\$190.00 (Includes supplies)*

Instructor NIKITA LABDON

Start date January 7, 2020

*includes supplies and registration fees

This course will provide students with a safe, fun, and educational exposure to musical theatre. The course will include group vocal lessons focusing on healthy singing techniques, improvisation and rudimentary acting techniques and simple choreography. Students will work in small groups and ensemble situations with the focus on teamwork. Students will present a final production comprised of 5-8 different scenes in March.

Nikita Labdon is an alumni of Linden Christian School as well as of the School of Fine Arts. She has completed her Bachelor of Music Vocal Performance degree at the University of Manitoba. Nikita has taught voice and piano to students of varying ages for five years. Nikita has studied and performed opera and art song in Oxford, England, New York City, and recently in Opera Nuova. She has also performed with Manitoba Underground Opera for three seasons.

Nikita's work through the University of Manitoba includes leading roles in two full operas and performing in countless opera scenes. Nikita's passion for music and theatre flourished in her time as a student in SOFA and she is thrilled to be able to be a part of this program teaching private voice lessons and musical theatre classes.

OTHER GROUP CLASSES OFFERED; contact sofa@lindenchristian.org to register:

INTRO TO MUSICAL THEATRE/GRADES 2-4/\$185.00/10 WEEKS/THURSDAYS/3:45-4:45 PM/
INSTRUCTOR MARGOT SIM

ART CLASS / GRADES 1-4 / \$185.00 /10 weeks/WEDNESDAYS/3:45-5:00 PM/INSTRUCTOR LISA MENDIS

ART CLASS / GRADES 5-8 / \$185.00 /10 weeks/WEDNESDAYS/5:30-6:45 PM/INSTRUCTOR LISA MENDIS

**LINDEN CHRISTIAN SCHOOL
SCHOOL OF FINE ARTS**

877 WILKES AVENUE, WINNIPEG, MB, R3P 1B8
PHONE: 204.799.0875 EMAIL SOFA@LINDENCHRISTIAN.ORG
WWW.LINDENCHRISTIAN.ORG

**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: _____

REGISTRATION CHECKLIST – BE SURE TO INCLUDE:

Lesson: Musical Theatre Class Instructor: Nikita Labdon
Grades 5 - 8 Phone: 204 806 2610

Number of Lessons: 11
Length of Lesson: 75 minutes

Date and Time: Tuesdays 3:45- 5:00 pm Start date January 7, 2020

Tuition Fees: \$ 190.00 (includes supplies and registration fees)

TUITION FEE PAYMENT: SELECT ONE OF THE FOLLOWING OPTIONS

- OPTION #1 – ONE PAYMENT IN FULL (CHEQUE PAYABLE TO LINDEN CHRISTIAN SCHOOL)
Attach 1 post-dated cheque in the amount of **\$ 190.00** dated January 1, 2020.
- OPTION #2 – TWO EQUAL PAYMENTS (CHEQUES PAYABLE TO LINDEN CHRISTIAN SCHOOL)
Attach two post-dated cheques in the amount of **\$ 95.00** dated January 1, 2020 and February 1, 2020.
- OPTION #3– e-Transfer one payment in full to accounting@lindenchristian.org. State the child's name and that it is for SOFA.
Send a second e-mail to this same address and advise the answer to the security question you choose.

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: _____

___ 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 Main Office, attention SOFA. Thank you!

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: ____/____/____