

TOMPKINS HIGH SCHOOL ORCHESTRA

Online Registration Instructions

Part I:

1. On a computer go to www.charmsoffice.com (not a smartphone).
2. Type **tompkinsorch** in the SCHOOL CODE LOGIN box.
3. In the window next to STUDENT AREA PASSWORD – type in your Katy ISD student ID # (try no capital or capital first letter). You will be asked to choose a new password if this is the first time you have logged in.
4. Click on ENTER and you should see your name at the top right hand corner.
5. Find the ICON that says UPDATE INFO and open it.
6. Please complete or update all the information for both student and parent(s) and click UPDATE. Be sure to “add new adult” if your parent or guardian is not listed in the system. This is the blue button at the bottom.
7. Please use dashes when typing in phone numbers. Double check e-mail accuracy.
8. Shirt sizes are adult sizes S, M, L, XL, XXL
9. Vegetarian: Answer Yes or No.
10. Favorite Treat ☺
11. When all information is complete **click UPDATE**.

Part II:

Go to www.tompkinsorchestras.org and find the Orchestra Handbook on the home page under documents & forms. Please read through for information regarding the procedures and expectations.

Please complete and return the following forms in this packet:

PARENT AUTHORIZATION FOR REGULAR TRAVEL AND EMERGENCY TREATMENT OF STUDENT ORCHESTRA FRIENDS MEMBERSHIP FORM SUMMARY OF FEES FORM & PAYMENTS

This assignment is due Friday, August 30th at 3:00 pm and is not considered complete until all information has been submitted. Please contact us if you would like to make payments on your orchestra fees. That must be communicated prior to August 30th. This does include all CHARMS updates and all information entered into the various forms so please be sure your information is complete. **THIS WILL COUNT AS A MAJOR GRADE ON THE FIRST SIX WEEKS.**

ANNOUNCEMENT:

Freshman Parents – our mandatory freshmen orchestra parent meeting will be held on Thursday, August 30th at 6:15pm in the OTHS Performing Arts Center. We will share information about the year and answer any questions you may have regarding the orchestra program at OTHS. Please plan to attend.

10th–12th Parents – the mandatory orchestra parent meeting for “experienced” parents will be held at 7:30p on Thursday, August 30th. We will go over requirements for the year and answer all of your questions you might have regarding OTHS Orchestra.

Students – Our first orchestra social will be hosted by our student leadership team during the 9th grade parent meeting. All orchestra students are invited to take part!

Katy Independent School District

Parent/Guardian Authorization for Regular Extracurricular Travel And Consent to Emergency Treatment of Student

Student's Last Name	First Name	Middle Name	Grade Level
Extracurricular Activity Tompkins High School Orchestras			School Year 2019-2020

As the parent/guardian of the above-named student (or adult student), I grant permission for my child (or me) to travel and participate in all regularly/routinely scheduled activities of the designated extracurricular group for the current school year. I understand that all students are required to ride to and from all school-sponsored activities in District-provided transportation according to Board Policy FMG. An exception may be granted for a student to be released to the custody of his/her parent at the completion of the activity if a written request is received and approved prior to the trip. It is understood that a separate permission slip will need to be completed for any additional activities requiring travel in order for my child to participate.

It is understood that neither the Katy Independent School District, nor any of its trustees, officers, employees, or organization sponsors are liable for any accident or injuries that may occur to the above-named student as a result of any aspect of his/her participation on these trips.

I acknowledge that in case of an emergency, illness, or accident for which a parent cannot be reached, an attempt will be made to reach one of the emergency contact people listed below. However, if no one can be reached, I authorize the school officials to take whatever action is deemed necessary in their judgment, for the health of my child. I will be responsible for any cost in the event my child must be transported by ambulance and receive medical care.

As the parent(s)/guardian(s) of the above-named student, a minor, I/we do hereby authorize a Katy Independent School District staff member(s), to act as my/our agent(s), to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and/or hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any licensed physician/surgeon, whether such diagnosis or treatment is rendered at the office of said physician/surgeon or at a hospital. Parents/guardians will be notified by the district, by the contact information below, of any treatment rendered to the student.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician/surgeon, in the exercise of his/her best judgment, may deem advisable, prior to any treatment being rendered.

I/We hereby authorize any hospital which has provided treatment to the above-named minor to surrender physical custody of such minor to the agent(s) upon completion of treatment.

It is understood that I/we must assume legal responsibility for any expenses incurred for medical treatment which may not be covered by my/our personal insurance, Medicaid, or Medicare.

Name of Father/Guardian: (Last) (First) (Middle)		
Father's Home Phone	Father's Work Phone	Father's Cell Phone
Name of Mother/Guardian: (Last) (First) (Middle)		
Mother's Home Phone	Mother's Work Phone	Mother's Cell Phone

Insurance Information

Name of Insured Policyholder: Last First Middle		
Insurance Company		
Policy Number	Group Number	
Type of Insurance Plan <input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Other: _____		

Medical Information

Please note: My child has the following allergies/medical conditions and/or is currently taking the following medications:

Signature of Parent/Guardian:	Date
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Tompkins Orchestra Friends Booster Club

Tompkins Orchestra Friends Booster Club 2019-2020 Membership Level Form		
Name:	Grade	List Musician's Name
Address:	#1	
City, Zip Code:	#2	
E-mail:	#3	
Phone Number:	#4	
Alternate Phone:	Instrument(s) Played:	
How you would like your name displayed in program:		

Membership Levels:			
Membership Name	Benefits	Amount	Indicate Membership Below
Haydn	Name in all programs under this level	\$25	
Vivaldi	Name in all programs under this level Tompkins Orchestra car decal	\$50	
Bach	Name in all programs under this level Tompkins Orchestra car decal Name displayed in PAC lobby	\$100	
Mozart	Name in all programs under this level Name displayed in PAC lobby Tompkins Orchestra car decal 2 Reserved tickets to Spring Performance	\$150	
Beethoven	Name in all programs under this level Name displayed in PAC lobby Tompkins Orchestra car decal 4 Reserved Tickets to every OTHS orch concert	\$250	
Brahms	Name in all programs under this level Name displayed in PAC lobby Tompkins Orchestra car decal 5 Duck Race entries in the spring 4 Reserved Tickets to every OTHS orch concert	\$500	
Tchaikovsky	Same as Brahms plus... Personalized Membership Plaque Award 10 Duck Race entries in the spring	\$1000+	
Make checks payable to: <i>Tompkins Orchestra Friends</i>			
Please include this payment on your TOMPKINS ORCHESTRAS SUMMARY OF FEES FORM			

TOMPKINS ORCHESTRAS SUMMARY OF FEES

This form and fees are due, with your check made payable to **TOMPKINS ORCHESTRA FRIENDS** by Friday, August 30th, 2019 by 3:00PM.

Since there are many fees associated with the Tompkins Orchestras as well as other organizations at the beginning of the school year please use this fee tabulation worksheet provided for your convenience. Please remit payment with this fee sheet attached.


Mandatory Fees	
	Amount
Activity Fee	150.00
Orchestra T-Shirt	12.00
Uniform Maintenance	30.00
Garment Bag <i>(New Students Only)</i>	30.00
Total	

Circle Your Child's T-Shirt Size

(Adult Sizes)

S M L XL XXL XXXL

(Drop total to next table)



Addition Options & Total	
	Amount
Mandatory Fee	
Additional T-Shirts @ \$12 each	
Orchestra Friends Membership Level	
YOU OWE	

Additional T-Shirt Sizes
(indicate quantity)

(Adult Sizes)

S M L XL XXL XXXL

TOMPKINS ORCHESTRA FRIENDS USE ONLY:	Cash	Check #	Amount
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I have read and understand the contents of the Tompkins Orchestra Handbook & Calendar. We wish to assume the obligations of the Tompkins High School Orchestras and wish to do the utmost to accomplish its objectives, following its rules and regulations.

Student Signature: _____ Student Name Printed: _____

Parent Signature: _____ Parent Name Printed: _____