

TOMPKINS HIGH SCHOOL ORCHESTRA

Online Registration Instructions

Part 1: Charms login and update Part 2: Forms & Online payment of fees

Part I:

1. On a computer go to www.charmsoffice.com (not a smartphone/tablet).
2. Go to the Parents/Students/Members tab to log in.
3. Type **tompkinsorch** in the SCHOOL CODE LOGIN.
4. In the window next to STUDENT AREA PASSWORD – type in your Katy ISD student ID # (do no capitalize). You will be asked to choose a new password if this is the first time you have logged in.
5. Click on ENTER and you should see your name at the top right hand corner.
6. Find the ICON that says UPDATE INFO and open it.
7. 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.
8. Full credit will not be given unless you have at least one parent listed.
9. Please use dashes when typing in phone numbers. Double check e-mail accuracy.
10. Shirt sizes are adult sizes S, M, L, XL, XXL
11. Vegetarian: Please answer Yes or No.
12. List your Favorite Treat ☺
13. When all information is complete **click green UPDATE** button in top right corner.

Part II:

1. Go to www.tompkinsorchestras.org and find the Orchestra Handbook under documents & forms on the front page. Please become familiar with the information regarding the procedures and expectations.
2. Find registration link on the website and complete fair share fees form
3. Fill out and turn in Summary of Fees & Handbook Acknowledgement forms from this packet (listed below):

SUMMARY OF FEES FORM & PAYMENTS/HANDBOOK ACKNOWLEDGEMENT PARENT AUTHORIZATION FOR REGULAR TRAVEL AND EMERGENCY TREATMENT OF STUDENT

This assignment is due Friday, September 3rd by 3:00 pm and is not considered complete until all information has been submitted. Please contact prior to Sept. 3rd if you would like to arrange payments on your orchestra fees. This does include all CHARMS updates and all information entered into the various forms so please be sure your information is complete.

ANNOUNCEMENT:

9th – 10th Grade Parents – our mandatory orchestra parent meeting will be held at 6:15 PM on Thursday, September 2nd 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.

11th – 12th Grade Parents – the mandatory orchestra parent meeting for “experienced” parents will be held at 7:30p on Thursday, September 2nd. We will go over requirements for the year and answer all of your questions you might have regarding OTHS Orchestra.

TOMPKINS ORCHESTRAS SUMMARY OF FEES & HANDBOOK ACKNOWLEDGEMENT

This form and fees are due, online or with check made payable to **TOMPKINS ORCHESTRA FRIENDS**, by 3 PM Friday, September 3rd, 2021.

Fees	Amount
Orchestra Activity Fee	\$30 Pay N' Go
Bass/Cello/Harp/Piano Use Fee	\$80 Pay N' Go
Fair Share Fees – Online form www.tompkinsorchestras.org	\$172 – 9 th & 10 th Grade Students \$142 – 11 th & 12 th Grade Students
Tompkins Orchestra Friends Membership	Optional – various levels of parent membership

News & Updates:

- *Weekly Newsletter! Sign up at <http://www.tompkinsorchestras.org/news.html>*
- *www.charmsoffice.com – financials, communications, information management,*
- *Remind Hub: send the text message @tomporch to the number 81010*
- *Find us on Twitter, Facebook, and Instagram*

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: _____

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			School Year

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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