

Strings 'Taste and See' Summer School 2019

12 August – 15 August
9.00am – 11.00am

Dear Parent

STRINGS 'TASTE AND SEE' SUMMER SCHOOL 2019

We are delighted that a Strings Department 'Taste and See' Summer School will take place on the last week of the Summer holidays, Monday 12 August – Thursday 15 August. The Summer School will run from 9am until 11.00am daily (drop-off from 8.45am/pick-up at 11.00am although parents are welcome to stay and observe the classes). This camp is open to any child who is considering studying violin, viola or cello, whether they attend George Watson's or not, and it will be held in our main School Building. Recommended ages from Nursery to approximately P4.

During the week the children will receive musicianship classes designed to develop their listening skills, and tuition on a string instrument.

On the final day at 10.30am, we will stage a short concert at which the children will perform in groups for their family and friends.

The total cost for the above is £62. Please see application form for methods of payment.

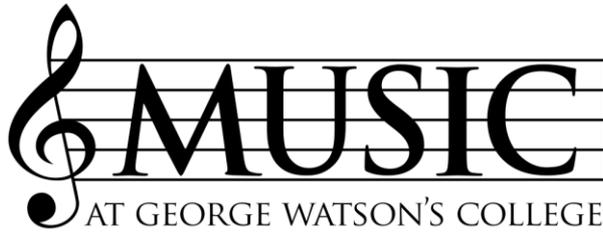
Places will be allocated on a first come, first served basis, therefore if you would like to register your child please complete and return the application and consent form(s) to Music School Reception. The closing date for applications is 24 May 2019.

If you have any questions during term time, please do not hesitate to contact Lucy Gillan on 0131 446 6031 or email l.gillan@gwc.org.uk.

Yours faithfully

Mrs Lucy Gillan
Course Leader

Mrs Anna Jones
Course Leader



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APPLICATION FORM

I would like my child / children to attend the Caritas Strings Summer School

Name	GWC Pupil? Y/N	D.O.B	Class 2018/19

Child's t-shirt size:

Age 3-4 Age 5-6 Age 7-8
22-24ins 26-28ins 30-32ins

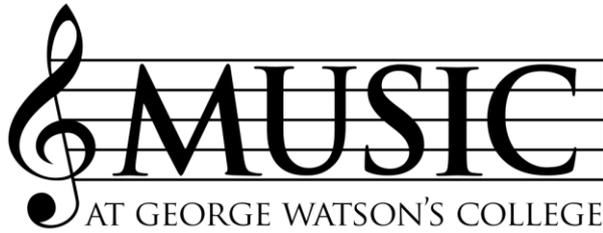
<input type="checkbox"/>	GWC Pupil. Charge to 'extras account'. School accounts team will email to advise of payment date and amount to be deducted.
<input type="checkbox"/>	GWC Pupil. Pay by CCV (for Children up to 15 yrs). School accounts team will email to advise of payment date and amount to be deducted.
<input type="checkbox"/>	Non GWC Pupils. Payment to be made by Band Transfer to the school. School accounts team will email your invoice with account details to make payment.

Contact Details

Home Address	Alternative Emergency Contact Details
Home Telephone Number	Family Doctor and Contact Details
Mobile Telephone Number	
Parent/guardian email Address 1:	
Parent/guardian email Address 2:	

Signature of Parent/Guardian: _____ Date: _____

Please return to Music School Reception,.



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CONSENT FORM FOR 'TASTE AND SEE' SUMMER SCHOOL

PLEASE COMPLETE AND RETURN WITH YOUR APPLICATION FORM TO MUSIC SCHOOL RECEPTION

Consent for Name: _____ Form: _____ D.O.B. ____/____/____

Activity: Strings Department 'Taste and See' Summer School
Staff in Charge: Mrs Lucy Gillan and Mrs Anna Jones
Location: George Watson's College Music School (and visits as advertised)

I agree to the above mentioned pupil taking part in the activities connected with the George Watson's College Strings Department Summer School, under the supervision of Mrs Lucy Gillan and Mrs Anna Jones and their staff, as authorised by the Principal. This consent form covers all events associated with the above activity, including any visits.

The medical information, the address and telephone number of the pupil's doctor will be passed to the staff in charge of the activity. The information provided is required for passing to medical professionals in the case of an emergency.

Wherever possible, senior school pupils are expected to administer their own medication. If you wish to discuss your child's individual circumstances please contact l.gillan@gwc.org.uk before 24 May 2019.

It is important that the activity leader is aware of all medical and other factors which may be relevant for the above activity. Please give details of such information below, including any current medication. It is also important that you advise of any special dietary requirements e.g. food allergies, vegetarian, coeliac etc.

Relevant medical information (including details of dosage and timings of any medication they need to take).

I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anesthetic, as considered necessary by the medical authorities present.

I will collect my child / will arrange for my child to be collected

Signature of Parent/Guardian: _____ Date: _____