



Student Name: \_\_\_\_\_ Grade: \_\_\_\_ Teacher: \_\_\_\_\_

## 3rd - 5th Grade 2023-2024 After School JAMM Registration

### Sít' Eeí Shaanáx -Glacier Valley Elementary School

Juneau Music Matters (JAMM) offers an after-school music program focused on social skills, music-exploration, ensemble, and teamwork. It is open to all 2nd- 5th grade students! JAMM after-school club offers 3<sup>rd</sup>-5<sup>th</sup> graders both string instrument instruction and the option to stay for an exploratory class.

#### Details:

- Starts September 19th and ends May 2nd
- Due to Early Release, club will be held Tuesday & Thursday
- Meets at Sít' Eetí Shaanáx - Glacier Valley Elementary School
- **Free snack** is provided thanks to grant funding
- **Bussing** is available to 3rd-5th grade students living within the Sít' Eetí Shaanáx - Glacier Valley Elementary School boundaries. The bus will leave after the second hour of club.

**JAMM club is a place where 3rd-5th graders receive violin, guitar or cello instruction and the option to participate in Lingít Dance & Drumming OR music tech exploratory this semester.**

For more information, visit JAMM's website: [juneaumusicmatters.org](http://juneaumusicmatters.org), or contact your school music teacher at: [loralie.heagy@juneauschools.org](mailto:loralie.heagy@juneauschools.org)

#### Daily Schedule:

**2:30 - 3 p.m.** Snack and recess for every JAMM student!

**3 - 3:45 p.m.**

- **Strings: Violin or Guitar:** for 3rd-5th graders with fewer than two years of club experience.
- **Exploratory Options: Lingít Dance & Drumming OR Music Tech:** for Orchestra students (violinists with more than 2 years club experience and returning cellists)

**3:45 p.m.** Pick up/walk home for all 2nd graders and 3rd - 5th graders who opt out of an exploratory.

**3:45 - 4:30 p.m.**

- **Orchestra** (violinists with more than two years club experience and returning cellists)
- **Exploratory Options:** Lingít Dance & Drumming OR Music Tech for 3rd- 5th graders (Strings)

**4:30 p.m. JAMM ends.**

- Pick up/walkers leave. Bus provided for 3rd - 5th graders living within school boundaries.

JAMM's after-school program is tuition-free, so that no child experiencing financial hardship will ever be denied enrollment. JAMM must raise \$250 per child every school year to cover the cost of teachers, instruments and materials. Please consider making a donation. **A suggested \$100 donation for the entire year goes a long way - 100 hours of programming for only \$1/hr.** You can attach a donation to this form or donate online: [www.juneaumusicmatters.com](http://www.juneaumusicmatters.com)

I am attaching cash/check donation of \$\_\_\_\_\_



## Students and Parent Registration Information:

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Is there anything you would like to share about your child? Does your child have any health concerns, allergies?

### Student Club Options:

**Which Exploratory does your child request? (check one)**

\_\_\_\_\_ Lingit Dance and Drumming OR \_\_\_\_\_ Music Technology OR

\_\_\_\_\_ My 3rd-5th grader **will not stay** for an exploratory class and leave at 3:45  
(\*2nd hour Orchestra and all students riding the JAMM bus must pick an exploratory)

**Which Instrument Ensemble will your child participate in:**

\_\_\_\_\_ Beginning Violin \_\_\_\_\_ Beginning Guitar

\_\_\_\_\_ Returning Violin (2<sup>nd</sup> Hour Only) \_\_\_\_\_ Returning Cello (2<sup>nd</sup> Hour Only)

**How will your child be getting home after club?**

\_\_\_\_\_ I will pick up my child at 3:45 p.m. (Students opting out of an exploratory)

\_\_\_\_\_ My child will walk home 3:45 p.m. (Students opting out of an exploratory)

\_\_\_\_\_ I will pick up my child at 4:30 p.m. \_\_\_\_\_ My child will walk home at 4:30 p.m.

\_\_\_\_\_ My child will go to RALLY.

\_\_\_\_\_ My child will ride the **bus at 4:30 p.m. & be dropped off at this address:**

\_\_\_\_\_



## Shared Agreements (FAMILIES PLEASE READ WITH YOUR CHILD):

I understand that JAMM is a special opportunity that not every school has and not every student in the district has access to. JAMM is a safe place where we go to learn, share, and love music. I agree that I will be respectful to myself, respectful to others, and respectful of rooms and materials.

At Sít' Eetí Shaanáx - Glacier Valley we use five tools to help us learn. Knowing that we use these tools, I agree that when I am at JAMM I will:

- be in control of my body
- in control of my voice
- use my imagination to make constructive sound and music
- use my focus to concentrate on the task I am given,
- agree to work together and cooperate with others.

I understand that if I choose to break these agreements, that I may no longer be able to attend afterschool JAMM.

\_\_\_\_\_ I am choosing to say yes to the agreements written above.

Child's Signature \_\_\_\_\_ Date \_\_\_\_\_

**WAIVER AND RELEASE:** I recognize that any activity for which I am registering my child which I am registering my child involves risk of injury. In consideration of your accepting this registration, I waive and release any and all rights and claims for damages I may have against the City and Borough of Juneau, its employees and agents, for any and all injuries suffered by my child while participating in this activity unless such injury is caused by active negligence of program staff. I give permission for photos and video of my child to appear on the internet and publications.

**CONSENT FOR EMERGENCY TREATMENT:** Authorizes SES GV & JAMM staff to give permission to appropriate medical personnel to provide emergency or surgical care for the above listed child in the event that I cannot be contacted immediately. It is understood that an effort will be made to locate me or my child's other parent or guardian before any action will be taken. I will assume the cost of necessary medical or surgical care. I have read the foregoing release and consent, understand its terms and execute it voluntarily and with full knowledge of its significance

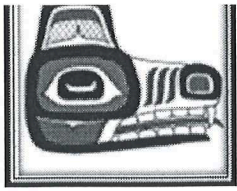
**Parent/Guardian Signature:** \_\_\_\_\_

## Douglas Indian Association Sponsorship Form

To keep after school club tuition-free, many businesses and organizations help to cover costs for things such as snacks, bussing, instruments, staff, and more. The Douglas Indian Association (DIA) has generously offered to help cover the cost of JAMM's teaching staff through a grant. For DIA to support JAMM with grant funding, we must collect signed forms for every children in the program.

Please complete the attached form or follow this link to the DocuSign form. If your child is not Alaska Native or Native American, please check the "other" box and type in their ethnicity. Registration is not complete until this form is filled out and signed.

\_\_\_\_\_ **Yes, the completed DIA form is attached**



DOUGLAS INDIAN ASSOCIATION

Tribal Education Programs Department

811 West 12th Street Juneau, Alaska 99801-1529

Phone: (907) 364-2916 Fax: (907) 364-2917



## Student Services Application

Douglas Indian Association is pleased to offer Educational Student Service support through the Kali.it'ch'i Kutxayanahá Yaanáx Yee Kawdigán, You All Shine Brighter than The Shining Stars: A Student-Centered Approach to Education Project. The project supports student educational achievement through offering a wide array of student support.

To enroll in the program and access services, students and parents can complete the application and /or register on the E-Portal at: <https://diaelearning.neolms.com/>

Questions should be emailed directly to [education@diataku.com](mailto:education@diataku.com)

## Application Requirements

- Program Serves Students who are Juneau School District Alaska Native or Native American Preschool to High School age students
- When submitting your application, please be sure to select which services you would like to receive more information about or in which you wish to enroll.

## Student Educational Service Options

- |   |   |
|---|---|
| <input type="checkbox"/> Summer UAS Coursework for High School Youth (Tuition Paid) | <input type="checkbox"/> Youth Counseling (Note, Students / Families may identify their own service provider)                 |
| <input type="checkbox"/> Preschool Educational Kit                                  | <input type="checkbox"/> Summer Reading Program   |
| <input type="checkbox"/> Elementary Educational Kit                                 | <input type="checkbox"/> Tuition/ Fees for Summer Camps   |
| <input type="checkbox"/> Middle School Educational Kit                              | <input type="checkbox"/> Travel Costs for Sponsored Educational Activities as already Identified and Accepted to participate. |
| <input type="checkbox"/> High School Educational Kit                                | <input type="checkbox"/> Requesting Other Educational Service:  |
| <input type="checkbox"/> Backpack and Supplies                                      | <input type="checkbox"/> High School Work Experience:   |
| <input type="checkbox"/> Traditional Foods Harvesting                               | <input type="checkbox"/> Artist Apprenticeship for Youth  |
| <input type="checkbox"/> Language Instruction                                       | <input type="checkbox"/> Language Apprenticeship for Youth  |
| <input checked="" type="checkbox"/> Music Instruction JAMM                          | <input type="checkbox"/> Youth Cultural Apprenticeship  |
| <input type="checkbox"/> Tutoring   | <input type="checkbox"/> Youth Work Experience  |

Students and Families may identify an educational service option in which they require assistance that is not listed above. Please contact our Education Staff for more information.



1. Student Name: \_\_\_\_\_

2. Gender Identity: ☐ Female ☐ Male 3. Date of Birth: \_\_\_\_\_

4. Grade: \_\_\_\_\_ 5. School Attending: \_\_\_\_\_

6. Ethnicity: ☐ Alaska Native ☐ Native American ☐ Other: \_\_\_\_\_

7. Student Phone: \_\_\_\_\_ Parent Phone Number: \_\_\_\_\_

8. Parent 1 Name: \_\_\_\_\_ Parent 2 Name: \_\_\_\_\_

9. Student Address: \_\_\_\_\_  
City State Zip

10. Mailing Address: \_\_\_\_\_  
City State Zip

11. Student E-Mail: \_\_\_\_\_ 12. Parent 1 E-Mail: \_\_\_\_\_

13. Parent 2 E-mail Address: \_\_\_\_\_

14. Graduation Date: \_\_\_\_\_

*I certify that the information provided in this application is true and complete to the best of my knowledge.*

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

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

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

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

### Education Department Staff Next Steps

Application submitted on: \_\_\_\_\_

Date of Response

Application Status: \_\_\_\_\_

Additional notes/ Next Steps: \_\_\_\_\_

\_\_\_\_\_