

2016 Music Production Summer Camp

Kealing Middle School



Dates

Week 1: June 20 – 23

Week 2: July 25 – 28

Compose your Own Music

Make Beats

Write and record your Songs

Remix Songs

Learn to DJ

Spend a week in the Kealing Middle School Studio working on Ableton Live software, using the Push controller, piano keyboards, studio microphones and your own instruments. Create your own songs, record yourself, learn new techniques, collaborate with friends. Use one of three recording rooms to record your vocals and lay down tracks. Learn to DJ, analyze your songs, make a DJ set.



Cost: \$200 – A limited number of scholarships are available.

Time: Monday through Thursday 9am to 4pm

Early Drop-Off at 8am - \$40

Late Pick-Up at 5pm - \$40

Who: Available for Grades 5 - 9

A Maximum of 25 students per session

Students may bring lunch or buy lunch in the school cafeteria. Snacks are also recommended.

Instructors:

Ara Eissler, Teacher

Music Production teacher at Kealing Middle School

Peter Rees- Eissler, Assistant

LBJ High School Prom DJ for the last 2 years

FIRST COME REGISTRATION. REGISTRATION ENDS ON JUNE 1ST.

MUSIC PRODUCTION CAMP REGISTRATION INFORMATION
(Return to Ms. Romero in the Kealing Middle School Program Office.)

Child(ren)'s Name(s): _____

Address: _____ City: _____ Zip: _____

Guardian's Name: _____ Guardian's Name: _____

Relation to camper: _____ Relation to camper: _____

Home #: _____ Home #: _____

Work #: _____ Work #: _____

Cell #: _____ Cell #: _____

Preferred #: Home Work Cell Preferred #: Home Work Cell

E-mail: _____ E-mail: _____

Name and Phone # of emergency contact if Guardians cannot be reached:

I authorize Kealing Middle School to allow my child(ren) to leave with only Guardians listed above and the following persons:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Release of Liability

I/We _____ assume responsibility and waive any claim for compensation for injury incurred by my/our child(ren) while in camp and hereby agree to indemnify or hold harmless Kealing Middle School and the camp staff against any and all claims, which may arise from an injury to my/our child(ren) while participating in the program.

SIGNATURE OF PARENT/ GUARDIAN: _____ DATE _____

MEDICAL INFORMATION:

Child's Physician: _____ Phone #: _____

Emergency Care Facility: _____ Phone #: _____

Other: _____

Any known medical problems/allergies: _____

SIGNATURE OF PARENT/ GUARDIAN: _____ DATE _____

Parent Initials:

_____ I hereby give my consent for my child(ren) to appear in pictures used on the school website and in school publications. *Names will not be used.*

SIGNATURE OF PARENT/ GUARDIAN: _____ DATE _____

TUITION PAYMENT

_____ Session #1 (June 20 – 23) - \$200

_____ Session #2 (July 25 – 28) - \$200

_____ Early Drop Off at 8:00 am (\$40)

_____ Early Drop Off at 8:00 am (\$40)

_____ Late Pick Up at 5:00 pm (\$40)

_____ Late Pick Up at 5:00 pm (\$40)

_____ My child is able to participate in either session.

FORMS OF PAYMENT/DEPOSITS/CANCELLATION POLICY: Please make checks out to Kealing Middle School. If your student receives a spot in the camp, your payment will be accepted and non-refundable. If your student does not receive a spot in the camp, your payment will be returned.

SCHOLARSHIPS: A limited number of partial and full scholarships are available! To be eligible for a scholarship, your child must:

1. Be attending Kealing Middle School during the 2016-2017 school year.
2. Receive free or reduced price lunch at school.

Note: Scholarship notifications will be made no later than June 8.

_____ I am applying for a partial scholarship. _____ I am applying for a full scholarship.

My child is receiving _____ free or _____ reduced lunch (check one).

I am able to pay \$ _____ of the \$200 tuition (number can be \$0).

SIGNATURE OF PARENT/ GUARDIAN: _____ DATE _____