



Summer Music Festival: July 18th – August 6th

Preparatory / Lower School:

Classes Offered

- 2 Group Lessons for violin or cello
- Beginning Music Theory and Dalcroze Eurhythmics
- Ear & Rhythmic Training
- Zumbatomics
- Arts

Up to 16 students will be accepted to this program via written consultation and referral from three sources- A music appreciation teacher, school teacher and parental figure.

Lastly the potential student must write a letter expressing an interest in one of the three instruments offered and why he or she wants to participate in this program. They must also sign a letter of agreement upon acceptance to the program, that he or she will be completely responsible for his or her own instrument.

This instrument will **not** be rented by or the responsibility of Four Strings Academy!

A Non-Refundable Application Fee of \$40.00 along with application and tape will be due **April 30th 2011**. This fee is not applicable towards tuition.

Schedule

9:00 – Zumbatomics

10:00 – Group classes

10:45 – Break

11:00 – Group Classes

12:00 – Lunch

1:00 - Dalcroze Eurhythmics

2:00 – Creative Arts

3:00 - Dismissal



Sample Schedule for Middle and Upper School:

Schedule for Middle and Upper Schools Differ Slightly however placement in either school is by audition only via video or live audition.

9:00am	Chamber Orchestra/ Chamber music
10:00am	Zumba
10:45am	Break
11:00 am	Lesson
11:45pm	Lunch
12:30pm	Lesson
1:15pm	Scale Class
2:00pm	Dalcroze Eurythmics
3:00 pm	Dismissal

Faculty of Four Strings

Mariana Green-Hill- Violin, Chamber Music Faculty

Naira Underwood- Preparatory Director, Violin and Orchestral Music Faculty

Stephanie Matthews – Violin, Chamber Music Faculty

Jason Amos – Viola , Chamber Music Faculty

Colin Benn- Viola , Chamber Music Faculty

Jon Song - Scale Class, Chamber Music Faculty

Jeremy Harmon – Young Celli Program, Chamber and Ear Training Faculty

Troy Stewart – Cello, Chamber and Ear Training Faculty

Diana Golden – Cello, Chamber Music Faculty

Amanda Romano – Harp Instructor

Isabel Ayabar – Dalcroze Eurythmics

Sharon Robinson-Byrd, Creative Arts Director and Youth Administrator

More Faculty : TBA



Four Strings Violin Academy Application

1 Laurel Street, Apartment 1

917.916.5027

Arlington, MA 02476

www.fourstringsacademy.com

Camper's First Name and Middle Initial: _____

Camper's Last Name: _____

Camper's Address: _____

Camper's City: _____

Camper's State: _____

Camper's Zip: _____

Camper's Home Phone: _____

Camper's Date of Birth: _____

Statement of Financial Responsibility

Applicant lives with: Both Parents Mother Father Legal Guardian Other

Father Information

Full Name: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Employer/Business Name: _____

Employer/Business Address: _____

Employer/Business City: _____

Employer/Business State: _____

Employer/Business Zip: _____

Employer/Business Phone: _____

Email: _____



YOFES/ Four Strings Academy 2011

Mother Information

Full Name: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Employer/Business Name: _____

Employer/Business Address: _____

Employer/Business City: _____

Employer/Business State: _____

Employer/Business Zip: _____

Employer/Business Phone: _____

Email: _____

Person responsible for payment of CAMP FEES/EXPENSES (if different then parent): _____

Full Name: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

Email: _____

Relationship to camper: _____

How did you hear about Four Strings Academy (friend, teacher, etc.)?



*The following questions and signature are required to process this application. If these questions are not completed fully, the application will not be processed.

Please answer the following MEDICAL QUESTIONS

1. Does the camper take any medications on a regular basis? Yes No

If yes, please list and as soon as possible, provide a letter from the prescribing physician detailing medical history and medication requirements:

2. Is the camper allergic to insect bites, bee stings, etc.? Yes No

If yes, please list:

3. Are there any medical, physical, or psychological conditions that will limit his participation in camp activities? Yes No

If yes, please explain and as soon as possible, provide a letter from the treating physician, psychologist, or psychiatrist detailing limitations:

4. I give permission for my child to be administered Tylenol or Benadryl (anti-allergic) and/or receive emergency medical treatment, as the need arises: Yes No

Signature: _____



Statement of Understanding

I hereby make application to enroll my child/ward in the Four Strings Violin Academy (FSVA). I hereby certify that he/she is of good moral character. I hereby also certify that I have given full disclosure concerning all medical, physical, and psychological conditions which might have relevance to the performance of my child/ward while at Four Strings, as well as any suspensions, expulsions, or adjudications against him/her, to include all past, current, or pending actions. I also understand that I am liable for information that is false, misleading, or later found to be omitted concerning all such medical, physical, or psychological conditions and all suspensions, expulsions, or adjudications. I understand that any such non-disclosure will result in the forfeiture of acceptance (if previously offered) and any payments made on his/her account. I have no objection to publicity in conjunction with camp activities that involve my child/ward. I hereby certify that I will assume the necessary financial obligations. I understand that only a snack, not a full lunch, will be provided by Four Strings. I will need to provide a bagged lunch for my child each day.

I understand and agree to the Four Strings regulations which provide that no deductions or rebates will be made if he is withdrawn after the start of camp or if dismissed from camp.

A non-refundable deposit of \$40.00 will accompany this application.

Tuition for Early Registration is due by **April 15th, 2011**

Applications accepted from Feb. 20th April 30th, 2011

Application Fee is \$40.00

Please check the box if you wish to apply for financial assistance. If applying for assistance how much are you requesting? _____

There are no refunds of any payments made to Four Strings Academy, even if in the case of medical or other reasons or in the event of his/her withdrawal or dismissal from the camp.

Please Make All Checks Payable to: **YOFES** and indicate on memo line **FSA/YOFES** application fee, payment, or donation.

Signature of Parent /Guardian

Date

Please ensure that with the application you include:

- Application and Fee
- Tape and Essay
- Letter or Recommendation

THANK YOU