



OTTAWA-CARLETON  
DISTRICT SCHOOL BOARD

## PIANO CLASS PROGRAM

### *Alta Vista PS - FALL 2011*



Extra Curricular Creative Arts Program, Continuing Education, OCDSB

### ***PIANO (6 years and over) - 30 minutes/week - 32 weeks***

**Fees:** Group class \$365, Semi-Private class \$499, Individual class \$799


Students develop skills in musical performance, literacy, and creativity. To progress, it is highly recommended that a piano or digital/electronic keyboard be available for daily practice. Opportunities for performance or presentation are offered to students throughout the year, providing a goal to strive for and present work accomplished. Students are encouraged to participate in the Kiwanis Music Festival and interested students may prepare for examinations in performance. **NOTE:** *The ECCA program is a fee-for-service program. Space is limited. A minimum of 2 hours consecutive instruction time is required where after school courses are offered. Classes offered may be adjusted to optimise learning compatibility and provide continuous instruction time.*

**Instructors** *Faiza Vukosavljevic (mornings), Sara-Lynn Hutchison (afternoons)*

**Course Length** 32 weeks, from the week commencing September 26, 2011

**Cost** Course fee payment is required at the time of your registration. Instalment payments available.

**When are classes offered at Alta Vista?**

<b><i>Group (3 students)</i></b>	<b><i>Semi-Private (2 students)</i></b>	<b><i>Individual (1 student)</i></b>
Tue 3:45-4:15 Crs #57629	Mon 7:45-8:15am Crs #57736	Mon 8:15-8:45am Crs #57738
Tue 4:15-4:45 Crs #57633	Tue 8:15-8:45am Crs #57730	Tue 7:45-8:15am Crs #57734
	Tue 4:45-5:15 Crs #57635	Fri 7:45-8:15am Crs #57742
	Tue 5:15-5:45 Crs #57599	Fri 8:15-8:45am Crs #57741
		Tue 5:45-6:15pm Crs #57595

### ***Fall Central Registration-September 6-21, 2011***

<b>Registration - Tel (613) 239-2398</b>	
<b>WHEN</b>	September 6-21, 9am-4pm weekdays
<b>WHERE</b>	Albert Street Education Centre, 440 Albert Street, Room E123
<b>HOW</b>	<ul style="list-style-type: none"> <li>By telephone: (613) 239-2398 (Visa, Mastercard, AMEX payments)</li> <li><b>In Person</b> - Room E123, 440 Albert Street, Continuing Education. Payment can be made by Visa, AMEX, Mastercard, cash, debit, money order or cheque (payable to OCDSB).</li> <li><b>Fax</b> (613) 239-2679. Complete the information on the next page of this flyer and send by fax. Remember to include your Visa, Mastercard or AMEX information.</li> <li><b>Mail</b> Complete the information on the next page of this flyer and mail to Extra Curricular Creative Arts Program, Continuing Education, 440 Albert Street, Ottawa, Ontario K1R 5B5 <b>DO NOT SEND CASH BY MAIL.</b></li> </ul>
<b>START</b>	The week of September 26, 2011
<b>Note</b> Low enrolment courses are cancelled 2-3 days prior to the end of central registration.	
<b>More Info?</b>	Fall <b>Learning for Life</b> magazine, distributed to City of Ottawa homes August 24-27 or visit <a href="http://www.ocdsb.ca/Continuweb">http://www.ocdsb.ca/Continuweb</a> or <a href="http://artsforkidsatocdsb.com">artsforkidsatocdsb.com</a> or Tel.(613) 239-2747

*Schedule may be subject to change*



**REGISTRATION FORM**  
 Extra Curricular Creative Arts Program  
**FAX (613) 239-2679**  
 Mail – 440 Albert Street, Ottawa, Ontario K1R 5B5

**STUDENT INFORMATION**

*Student Last Name* \_\_\_\_\_ *First Name* \_\_\_\_\_ *M* \_\_\_ *F* \_\_\_  
*Date of Birth* *Day* \_\_\_\_\_ *Month* \_\_\_\_\_ *Year* \_\_\_\_\_ *School Grade* \_\_\_\_\_  
*Name of Classroom Teacher* \_\_\_\_\_  
*Student Home Address* *Street no.* \_\_\_\_\_ *Street Name* \_\_\_\_\_ *Apt.#* \_\_\_\_\_  
*City* \_\_\_\_\_ *Province* \_\_\_\_\_ *Postal Code* \_\_\_\_\_  
*Any Allergies? Please explain* \_\_\_\_\_  
*Remedies* \_\_\_\_\_

**PARENT/GUARDIAN CONTACT INFORMATION**

*Last Name* \_\_\_\_\_ *First Name* \_\_\_\_\_  
*Gender* *M* \_\_\_ *F* \_\_\_ *Tel. # (H)* \_\_\_\_\_ *(Other)* \_\_\_\_\_  
*Email* \_\_\_\_\_  
*Address (If different from above)* \_\_\_\_\_  
*Emergency Contact Name* \_\_\_\_\_ *Tel. #* \_\_\_\_\_  
*Pick-Up Authority (If different) Full Name(s)* \_\_\_\_\_

**COURSE INFORMATION**

*Course Title* \_\_\_\_\_ *Crs #* \_\_\_\_\_  
*Course Location* \_\_\_\_\_ *Start Date* \_\_\_\_\_

**COURSE FEE PAYMENT**

**COURSE FEE \$**

Course fees are payable at the time of registration. Please include your payment with this registration form. **Note** Registration Confirmations will be sent via e-mail or Canada Post.

**Payment Type:**

*Credit card # (Visa/MC/AMEX)* \_\_\_\_\_ *Expiry* \_\_\_\_\_

*Card holder Name* \_\_\_\_\_ *Authorized Signature* \_\_\_\_\_

*Cheque (payable to OCDSB)*

**Money Order**

**Debit** – In-person registrations only at 440 Albert Street.

**Cash** – In-person registrations only at 440 Albert Street. **DO NOT MAIL CASH**

**Cancellation Policy**

Should the OCDSB be obliged to cancel a course due to insufficient registration, a full refund will apply. Cheque, money order and cash refunds require a processing period of 4-6 weeks and are refunded by cheque and mailed through Canada Post. Visa, Mastercard, AMEX will be credited. Debit refunds in-person only at 440 Albert Street.