

St. George Catholic School Choral Program

2017 – 2018 SGS Performance Choir Registration Form

The mission of the St. George Choral Program is to nurture and inspire student achievement through quality music education and the pursuit of artistic excellence in choral music performance. Students will gain not only musical skills and a life-long appreciation of music, but will also develop individual skills and strategies that will help them to be successful in all academic areas and throughout their lives.

Under the direction of Dr. Rendell James, the *SGS Performance Choir* is open to all 5, 6, 7, 8 grade students currently enrolled in St. George Catholic School. Choir practice will be on Friday, after school, from 3:10 p.m. to 4:30 p.m. SGS Performance Choir will begin on Friday, September 8.

The SGS Performance Choir will participate in at least one school performance during each semester of the school year, *i.e. Grandparent's Day Program, Christmas Pageant, special School Liturgy, etc.* SGS Performance Choir will also participate in LMEA District Choir Festival with the goal of advancing to LMEA State Festival. Community Outreach performances will also be encouraged and scheduled, as possible.

Students are asked to make a commitment for the entire school year as District Festival and State Festival are in the Spring semester.

REGISTRATION FORMS WITH PAYMENT should be sent to school in an envelope marked "St. George Performance Choir." Checks should be made payable to St. George School.

Payment is due as follows:

1. Total amount for the year sent with the Registration Form due by **Sept. 8, 2017: \$ 360.00**

OR

2. Payment Plan: Initial payment of **\$ 180.00** sent with the Registration Form due by **Sept. 8, 2017:**
Balance of **\$ 180.00** due by **Friday, January 5, 2018.**

If you have any questions, please call or email Mrs. Dupre at (225) 293-1298, jan.dupre@sgschoolbr.org.

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Student: _____ **Grade:** _____

Please Print: Last _____ First _____

Previous Vocal Experience: _____

PARENT INFORMATION:

Name: _____

Address: _____

Home Phone: _____ Work: _____ / _____ Cell: _____

Email Address: _____

(Please print)

Parent Signature: _____

PAYMENT INFORMATION:

1. Total Cost: \$ 360.00

2. Payment Plan: Initial Payment Due By Sept. 8: \$ 180.00 // Balance Due by Jan. 5: \$ 180.00

FOR OFFICE USE ONLY

Bank: _____ Check# _____ Amount: _____ Date: _____ Cash Payment: _____