

St. George Catholic School Choral Program

2022 – 2023 SGS Performance Choir / 6, 7, 8 Grade / 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 Mrs. Jennifer Ellis, and accompanist, Mrs. Jan Dupre, the *SGS Performance Choir* is open to all 6, 7, 8 grade students currently enrolled in St. George Catholic School. Choir practice will be on Friday, after school, in the SGS Music Room from 3:10 p.m. to 4:30 p.m.

SGS Performance Choir first rehearsal is Friday, Sept. 9, 2022.

The SGS Performance Choir will participate in school performances during each semester of the school year - *Grandparent's Day Program, Christmas Pageant, special School Liturgies etc.* Community Outreach performances will also be encouraged and scheduled, as possible.

Students are asked to make a commitment for the entire school year.

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 **Fri, Sept. 9, 2022:** **\$ 360.00**

OR

2. Payment Plan: Initial payment of **\$ 180.00** sent with the Registration Form due by **Sept. 9, 2022:**
Balance of **\$ 180.00** due by **Friday, January 6, 2023.**

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

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2022 - 2023 SGS Performance Choir Registration Form

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. 9: \$ 180.00 // Balance Due by Jan. 6: \$ 180.00

FOR OFFICE USE ONLY

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