

Sing! Sing! Sing! All you have to do is Sing!! Sing! Sing! Sing! All you have to do is Sing!!

Jag Cubs Choir – FALL Session

All kindergarteners through second graders are invited to be a member of the John Hay Jag Cubs choir.

We will sing and celebrate music from multiple genres and countries. The goals of the Jaguar Choraliers are to experience meaningful music, build self-confidence and community, and gain performance and music skills. Choir is the only program at John Hay students can participate in for three consecutive years – a great opportunity to make lasting friendships!

We will rehearse Thursdays from 2:45-3:30. Students must be picked up on time.

Fall Performance Schedule

December 7th at 6:00 pm

Please put this date on your family calendar!

Student Name: _____ Last Name: _____ Grade: **K 1 2**

Health issues we should be aware of: _____

Parent Name(s): _____

Phone: _____ Email: _____

(please print clearly – most communication will be via email)

Emergency Contacts

Name: _____ Relationship: _____ Phone #: _____

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Choir is \$60 per student, per session. This pays for music licensing, choir t-shirt, teacher time, a teacher assistant/substitute, and 9 classes (\$6.50/class). Payment plans are available as well as a scholarship option.

Please email Ms. Nelson with any questions or concerns. ranelsonknech@seattleschools.org

Please make out checks to Rachel Nelson-Knecht. Payment choices are below.

___ \$60 for just Fall Session ___ 3 monthly payments of \$20.00 ___ request a scholarship

___ \$180 for **ALL** choir sessions ___ \$___ donation towards scholarships

___ **I WOULD LIKE TO SIGN MY STUDENT UP FOR ALL CHOIR SESSIONS WITH JUST THIS ONE FORM**

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Permission

I understand the expected activities planned for choir meetings and performances. I am aware of any special dangers and risks inherent in participating in this activity. I hereby give permission for my daughter/son to participate as a member of the Jaguar Choraliers.

Signature of Parent/Guardian: _____ Date: _____

Medical Release

I, _____, parent/guardian of _____
Authorize and consent to medical, surgical, hospital care, treatment and procedure to be deemed immediately necessary or advisable by the physician to safeguard my child's health if I cannot be contacted. I waive my rights of informed consent to such treatment. I authorize a copy of this consent form to be treated with the same authority as the original.

Signature of Parent/Guardian: _____ Date: _____

Media Release

I agree that photos, video and audio recordings may be taken of the child named in this registration during classes and performances without compensational obligation.

Signature of Parent/Guardian: _____ Date: _____

