

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

Jaguar Choraliers – FALL Session

All third through fifth graders are invited to be a member of the John Hay 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 Wednesdays 1:30-2:30 and Fridays at 2:45-3:30. Students must be picked up on time.

Choir begins September 27th and ends December 8th.

Fall Performance Schedule

Veterans Day Assembly Nov. 17th at 1:45 pm

Evening Concert December 7th at 6:00 pm

Please put these dates on your family calendar!

Student Name: _____ Last Name: _____ Grade: **3 4 5**

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 \$120 per student, per session. This pays for music licensing, choir t-shirt, teacher time, a teacher assistant/substitute, and 19 classes (\$6.30/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.

___ \$120 for just Fall Session ___ 3 monthly payments of \$40.00 ___ request a scholarship
___ \$360 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: _____

