

Voices of Angels

Registration Form

Spring 2010



Enrollment Information:

Open to children grades 3 to 5
Practices held every Monday from 3-4 PM
January 26 through May 24, 2010
Located in Mr. Coolidge's 7th Grade Room
Our Savior Lutheran School
Cost: \$200 per student

Registration and Attendance Policies

Enrollment for this group will not exceed 8 students total, and registration will be accepted on a first-come first-served basis. No credit is given for days your child is not in attendance. Any child who misses more than 3 sessions may be unable to perform in certain presentations, and this decision will be left up to the instructor's discretion. The instructor reserves the right to discontinue membership in this group for any child due to disruptive attendance or behavioral problems.

Please mail the registration form and fee to:

Erin SuJan Kim
323-2 Kuau Street
Kailua, Hawaii 96734

Or bring the completed form and payment to Ms. Kim no later than Monday, January 26.

Payment can be made in 1 payment of \$200 due January 26, or 2 payments of \$100 each due January 26 and March 29, respectively. Checks can be made payable to Erin SuJan Kim.

Please forward any questions to Ms. Kim at (808) 286-0642, or by email at erinsujan@gmail.com.

STUDENT'S NAME: _____ GRADE: _____ AGE: _____

MAILING ADDRESS: _____ EMAIL: _____

PHONE #'S: HOME: _____ WORK: _____ CELL: _____

EMERGENCY: _____ AFTER SCHOOL PROGRAM: YES: _____ NO: _____

DOES YOUR CHILD HAVE ANY MEDICAL CONDITION(S) THAT WE NEED TO BE AWARE OF?

I GIVE MY PERMISSION FOR MY CHILD TO PARTICIPATE IN VOICES OF ANGELS ACTIVITIES AND PERFORMANCES AND TO BE SUPERVISED BY ADULTS APPROVED BY VOICES OF ANGELS INSTRUCTORS AND TEAM MEMBERS WHILE AT PERFORMANCE VENUES. I UNDERSTAND THAT THE VOICES OF ANGELS INSTRUCTOR RESERVES THE RIGHT TO DISCONTINUE MEMBERSHIP FOR MY CHILD SHOULD SERIOUS ATTENDANCE OR BEHAVIORAL ISSUES ARISE, AND THAT I WILL BE PRIVY TO THIS SITUATION PRIOR TO THE ENACTMENT OF IT.

PARENT'S SIGNATURE: _____ DATE: _____