

*Sts. Philip & James School
359 Clinton Avenue
St. James, NY 11780*

Telephone (631-584-7896)

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sspjschool.net

To: Parents and Students Grades Kindergarten - 3rd
Fr: Ms. D. Anderson, Principal, Ms. E. Hahl, Choral Leader
Date: 9/9/2019
Re: Choral Club: Primary Choir 2019/20

Welcome to Primary Choir 2019/20. Choral Club is a year round club that meets on Tuesdays from 3:15PM - 4:15PM. If your child likes to sing, this is a great opportunity to let his/her voice be heard. Choral members sing at certain masses throughout the year, and our annual Christmas and Spring Concerts.

Ms. Hahl chooses music with meaning...religious and other tunes that our students will enjoy singing. Choral club is a fun club, and a commitment that is taken seriously. Our singers help SSPJ shine!

***Your child will automatically stay for the club unless you send a note to the teacher.**

Choral Club will be in session on the following Tuesday's:

The fee for the club is \$180.00

Payable \$60.00 per trimester (September 16th, December 2nd, March 2nd). Please make checks payable to SSPJ School.

September: 17, 24

October: 1, 8, 15, 22, 29

November: 5, 12, 19, 26

December: 3, 10

Christmas Concert: Wednesday, December 11 @ 7pm

January: 7, 14, 21, 28

February: 4, 11, 25

March: 3, 10, 17, 31

April: 7, 21, 28

May: 5, 12, 19, 26

Spring Concert: June 2 @7pm

Primary Choir Club Registration 2019/20

NAME: _____

GRADE: _____

HomePhone _____ CellPhone _____

Emergency Phone _____ (if unable to be reached)

Transportation: please check one.

I will pick up my child

My child will go home with _____
and their contact phone # is _____

My child will go to after-care and I am aware that there will be an additional fee.

PLEASE NOTE THAT ALL STUDENTS MUST BE PICKED UP ON TIME! ***IF STUDENT IS NOT PICKED UP ON TIME, THEY WILL BE PLACED IN AFTERCARE AND PARENTS WILL BE RESPONSIBLE FOR THE AFTERCARE FEE.** THERE ARE NO REFUNDS IF A CHILD IS ABSENT.

IF YOUR CHILD NEEDS MEDICATION (INHALER, EPIPEN, ETC) PLEASE CHECK HERE__

WE WILL SEND HOME A FORM FOR YOU TO COMPLETE GIVING YOUR CHILD PERMISSION TO ADMINISTER HIS/HER OWN MEDICATION. PLEASE REMEMBER, SCHOOL NURSES OFFICE IS CLOSED.

Parent Signature

Date

Payment #	Date	For Office Use Check #	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____