

The Colorado Springs Children's Chorale OVERTURE: Performance Prep Class for children in grades Pre K - 1st

'BEST QUALITY AT THE BEST PRICE!'

Let your little performer shine! This class provides a unique opportunity for young children to develop skills as musicians and actors. Students will be introduced to the art of choral singing, drama and movement.

Music theory instruction will include note reading, sight singing and musical terminology.

Drama instruction will include activities in imagination, concentration, transformation and imitation.

Each and every class will be a high-energy, fun journey for the young performer.

At the conclusion of the semester, there will be an "informance" to display student achievement.

CLASS MEETS:

FALL SEMESTER 2022

Thursdays Sept. 22 - Nov. 17

4:30- 5:30pm

Registration Deadline: Sept. 22

Tuition per semester: \$200

** Class payments are non-refundable*

In Person Classes will be held at the CSCC Studios, 1409 Palmer Park Blvd. (Entrance is in the back.)

Questions? Contact us at csc@kidssing.org or 719-633-3562 / www.kidssing.org

Colorado Springs Children's Chorale - Overture Class Registration

Date _____

Student Name _____ Age _____ Grade _____

School _____

Primary Address _____

City _____ State _____ Zip _____ Home Phone _____

Emergency Phone _____

FALL SEMESTER 2022

Thursdays Sept. 22 - Nov. 17

4:30- 5:30pm

Registration Deadline: Sept. 22

Class Fee: \$200 per semester

_____ My check for class fees is enclosed

_____ Please charge \$ _____ to my credit card for my class fees (*class fees are non-refundable*)

Full Name on Card _____

Card # _____ Exp: _____ Security Code: _____

Parent(s) or Guardians with Whom Student Resides:

Parent/Guardian #1 Name _____ Cell Phone _____

Place of Business _____ Business Phone _____

Email _____

Parent/Guardian #2 Name _____ Cell Phone _____

Place of Business _____ Business Phone _____

Email _____

If there is any illness or disability that will make it necessary for your child to participate on a limited basis or that will require special medications in any emergency, it is imperative for us to know about them so that our staff will be alerted to the situation. Please explain in the space provided.

MEDICAL RELEASE FORM

In case of a medical emergency, I/We, (print) _____, parents or guardian, hereby give permission to the staff of the Colorado Springs Children's Chorale to authorize any medical doctor or accredited hospital to take any medical steps necessary to protect the health of our child, namely _____

PARENT OR GUARDIAN _____ Date: _____

Return this form along with your payment to:

CSCC, P.O. Box 7841, Colorado Springs, CO 80933 OR in person at 1409 Palmer Park Blvd.