



Bulgarian Children's Chorus and School *Gergana*

Enrollment form

Student/s

1.
First and Last Name

Date of Birth Place of Birth
MM/DD/YYYY

Enrolled infor the 2017-18 academic year
Grade/Group

2.
First and Last Name

Date of Birth Place of Birth
MM/DD/YYYY

Enrolled infor the 2017-18 academic year
Grade/Group

Special needs or conditions we should know about:

.....

Parents/Guardians

1.
Name Phone Email

2.
Name Phone Email

Address:

I am/we are familiar with the organization's Guidelines.

I/we hereby authorize Gergana to publish photos, audio and video recordings of my/our child/children in school classes, rehearsals, concerts and other public events for the purpose of promoting Gergana's activities.

My employer offers me a matching gift program (please circle one): Yes No

1. 2017 2. 2017
Signature Date Signature Date

Gergana's Board of Directors and Parents' Council suggested amount for parents' voluntary contributions per semester* for 2017-18:
\$100 for one child, \$150 for two children.

* There are two semesters in an academic year

Bulgarian Children's Chorus and School *Gergana*®

<http://www.gerganany.com> * 646-643-2411 * gerganachorusny@gmail.com

Classes: Sundays, 9.30 am, JHS 167, Robert F. Wagner Middle School, 220 E 76th Street, New York, NY 10021

Mailing address: 1546 Madison Ave., #1C, New York, NY 10029
