



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 2018-19 academic year
Grade/Group

2.
First and Last Name

Date of Birth Place of Birth
MM/DD/YYYY

Enrolled infor the 2018-19 academic year
Grade/Group

Special needs or conditions we should know about:
..... (please attach additional sheet if necessary)

Parents/Guardians

1.
Name Phone Address

2.
Name Phone Address

Email: **Email:**

I am/we are familiar with the organization's Guidelines. I/we authorize Bulgarian Children's Chorus and School *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.

1. 201_ 2. 201_

Signature

Date

Signature

Date

Suggested* donation for 2018-2019: per semester** per child \$150, two children: \$200

*By *Gergana's* Board and Parents' Council

**Two semesters per school year

Bulgarian Children's Chorus and School *Gergana* ®

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

Classes: Sundays, 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
