

Music Academy Registration Form- 2018 First Semester

with Mrs. Carolyn Gleason, Music Director

Please return by August 15, 2018

Parent(s) Name _____

Street Address _____ City _____ State _____ Zip _____

Email(s) _____

Home# _____ Work# _____ Cell# _____

Home# _____ Work# _____ Cell# _____

Registered at OLP Church? Y N If No, where _____

Child Name (First and Last)	Male/Female	Grade 2018-2019	Date of Birth
<i>Ex: Jane Smith</i>	<i>F</i>	<i>5</i>	<i>01-01-2010</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



FEE SCHEDULE

# students	Total
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\$100.00 per semester x _____ = _____

TOTAL DUE:

2018 First Semester SCHEDULE

Practices: 3:15 pm:

Sept 5, 12, 19, 26,
 Oct 3, 10, 17, 24,
 Nov 7, 14, 28,
 Dec 5, 12

Performances: 10:00 am Mass:

Sept 23, Oct 28, Nov 18

Sing O'Heavens Concert:

Dec 15

All fees must accompany this form. Submit to OLP office or Mail to: Our Lady of the Prairie, 200 E Church St Belle Plaine, MN 56011
 Make check payable to "Our Lady of the Prairie". Questions call Carolyn Gleason, Church number 952-873-6564.

OFFICE USE: Paid _____ Other Notes: _____

OUR LADY OF THE PRAIRIE

PRESENTS

The Music Academy!

With Music Director Mrs. Carolyn Gleason

WHAT: A children's choir that will be performing at Masses.

WHEN: Scheduled Wednesdays from 3:15 pm to 4:15 pm. Performances will typically take place at the 10:00 am Mass once a month.

WHO: Any student in Grades 3, 4, 5, and 6.

WHERE: Our Lady of the Prairie Catholic Church and School

See other side for more information and registration, thank you!



**Praise
God
with
Music**

The following releases are required.

Release Form for Media Publication

I _____ release the image, likeness, and character of my son(s) and/or daughter(s) over whom I am legal guardian to be: audio recorded, video taped, and/or photographed for public display or broadcast in print, video, or audio by Our Lady of the Prairie (or third party hired by Our Lady of the Prairie) for the use in advertising, community relations, or promotional purposes for our Church, School, and Parish Religious Education Program.

-Or-

I decline to authorize Media Release: _____

Medical Information:

Doctors Name _____ Phone () _____

Family Health Insurance _____ Policy # _____

Emergency Contacts: If you are unable to reach me or our family doctor stated above, please contact:

Name and Relationship _____

Home Phone() _____ Work Phone() _____

Medications and Instructions _____

Allergies _____

Past Surgeries and/or Major Illnesses _____

Any Other Special Circumstances _____

I hereby AUTHORIZE any emergency treatment of my son/daughter that must be administered before I can be contacted. I wish to be advised as soon as possible of such treatment. I otherwise wish to be advised of any proposed medical treatment of my child prior to such treatment.

RELEASE I agree on behalf, my son/daughter, our heirs, successors and assigns, to release, absolve, indemnify, hold harmless and defend Our Lady of the Prairie Parish, Our Lady of the Prairie Youth Ministry, its officers, directors and agents and the Archdiocese of Minneapolis and St. Paul, the chaperones, and the organizers of this event from any injury to, illness of, or cost of medical treatment for my son/daughter arising in connection with this event. I recognize that this event involves an element of risk incidental to such event and on behalf of myself and my son/daughter I hereby assume all such risk. I further recognize there is no medical insurance provided by the parish or the archdiocese.

I _____, grant PERMISSION for my son(s)/daughter(s) _____ to participate in this Our Lady of the Prairie Youth Choir.

Signed _____ Date _____

Patrick Schroers & Loree Heinkel, Parish Religious Education Program 873-6564

Carolyn Gleason, Music Director