	For Office Use:
Su	pply Fee Paid:
Date:	Check #



Westminster **Singers** Application 2019-2020 School Year

(One form per child, please)

Student's Name:	Grade:
Parent/Guardian's N	fame:
Address:	
Telephone:	

Enrolling for days:	Monday 1 st – 2 nd grades (12:40-2:40)
	Wednesday, 3 rd – 4 th grades (12:40-2:40)
	Thursday, $5^{th} - 6^{th}$ grades (2:40-3:55)
Cost:	1 st – 4 th grades: \$15 registration fee and \$200 per semester Multi-student price - \$170
	5 th – 6 th grades: \$15 registration fee and \$150 per semester Multi-student price - \$130
will be charged thro	Please return \$15 registration fee with application. Semester fees ough FACTS: The fall semester will autodraft September 20, and will autodraft February 20.

Please list any allerg	gies or health conditions of which we need to be aware:
Please remember that	at a carpool number is required for anyone picking up your child.
I understand that I each semester.	will be responsible for the fees charged for Westminster Singers
Parent/Guardian's S	ignature: Date:

Please return application with registration fee to the school office.

The deadline to register is Wednesday, May 15.