

Olympic View Elementary Choir



STUDENT REGISTRATION FORM

2nd – 5th Grade Students are invited to join the OV Choir with Mr. Smith!

When: Mondays from 2:45-3:30pm, starting October 8th

Where: Portable 3

PLEASE RETURN REGISTRATION FORM BY OCTOBER 5TH

STUDENT #1:

NAME: _____

Grade: _____ Teacher: _____ Room # _____

STUDENT #2:

NAME: _____

Grade: _____ Teacher: _____ Room # _____

PARENT/GUARDIAN NAME(s): _____

E-mail: _____

Phone: _____ Alternate Phone: _____

CHOIR TUITION: \$80 per student

_____ I have enclosed an additional \$_____ to be used for **choir scholarships**.

_____ I am **requesting a scholarship**. I can pay \$_____ towards my child's tuition.

_____ Amount Paid (checks made out to OVPTA)

Form of Payment: _____ check _____ cash _____ online at ovpta.org

TRANSPORTATION OPTIONS (check one):

_____ Walk _____ Pick-up _____ Collaboration Station

AUTHORIZED ADULTS for Pick-up: (in addition to Parent/Guardian listed above)

Name: _____ Phone: _____

Name: _____ Phone: _____

ALLERGIES and Other Medical Needs: All parents/guardians must fill out the below information, regardless of medical/allergy status.

Allergies/Medical needs*: _____

Other: _____

* Parents of students with medical needs who attend PTA sponsored after school programs operated by parent volunteers must ensure that they work directly with the PTA group regarding the provision of care for their children. It is the parent's responsibility to share with the PTA the necessary medical/treatment information (including IHPs, epi-pens, etc.) necessary to care for the child. The District is generally not responsible for the provision of medical care to students at non-District sponsored events/activities. Further, under FERPA, the District is generally prohibited from disclosing confidential student information (including IHPs) to third parties (including PTA groups) absent consent and a release from the student's parent or legal guardian.

PARENT VOLUNTEERS: needed to help with check-in and supervise children in quiet activities while they are waiting for their session or dismissal. All parent volunteers must have a current volunteer certification completed online. Please contact with questions about volunteering.

_____ **I am willing to be a Parent Volunteer**



STUDENTS ARE RESPONSIBLE FOR THEIR OWN SNACK AND WATER.
Choir will not provide snacks for students, due to food allergies and restrictions.



*I have read the above information in its entirety and give permission for my child(ren) to participate in Olympic View's Choir program after school hours. **I will ensure that my child is picked up promptly at 3:30 by Portable 3.***

Parent / Guardian Signature: _____ **Date:** _____

Questions? Contact the Choir Coordinators or Mr. Smith!

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