

**HOLY APOSTLES CHOIR SCHOOL**  
*Application Form*

*Please return this form to Church of the Holy Apostles Choir School, 1020 Remington Road, Wynnewood, PA 19096 OR email it to chachoristers@gmail.com*

Singer's Name (First, Middle, Last): \_\_\_\_\_

Age: \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School: \_\_\_\_\_

Grade for 2018-2019 \_\_\_\_\_

Food Allergies or other special instructions: \_\_\_\_\_

Has this singer had any previous singing experiences? If so, where and for how long? \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Parent Address (if different) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to Singer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**I understand that tuition and fees for the Spring 2019 Pilot Semester are waived due to a generous donations** from members of the Church of the Holy Apostles. Parent Initials: \_\_\_\_\_

**I will make a diligent effort to have my child attend each of the rehearsals and singing events.** Parent Initials: \_\_\_\_\_

**I will make diligent effort to participate in one or more fundraisers in the hope that future tuition and fees can be supplemented or waived.** Parent Initials: \_\_\_\_\_