

Sts. Philip & James School & Academy

359 Clinton Avenue St. James, NY 11780 Telephone (631)584-7896 Fax (631)584-3258 www.sspjschool.net

To: Parents and Students Grades 4-8

Fr: Ms. D. Anderson, Principal, Ms. E. Hahl, Choral Leader

Date: 9/6/2023

Re: Senior Choral Club 2023/24

Welcome to *the Choir* 2023/24. Choral Club is a year round club that meets on Mondays from 3:15PM - 4:15PM. The club is split into 2 sessions. Session 1 members perform in the Christmas Concert and Session 2 members perform in the Spring Concert. If your child likes to sing, this is a great opportunity to let his/her voice be heard. Choral members will also sing at certain Masses throughout the year.

Ms. Hahl chooses music with meaning...religious and other tunes that our students will enjoy singing. Choral club is a fun club, and a commitment that is taken seriously. Our singers help SSPJ shine!

*Your child will automatically stay for the club unless you send a note to the teacher.

Club will be in session 3:15PM - 4:15PM on the following Monday's:

Session 1 Session 2

September: 18, 25 January: 8, 22, 29

October: 2, 16, 30 February: 5, 12, 26

November: 6, 13, 27 March: 4, 11, 18

December: 4, 11 April: 8, 15, 22, 29

Christmas Concert: May: 6, 13

Tuesday, December 12 @7PM Spring Concert:

Tuesday, May 14 @ 7PM

The fee for **Session 1** is \$150. Payable by September 15th.

The fee for **Session 2** is \$225. Payable by January 5th.

Please make checks payable to SSPJ School. There are no refunds.

Senior Choral Club Registration 2023/24

| NAME: | | | GRADE: |
|---------------------------------------|-----------------------------------|-----------------------------|---|
| HomePhone | honeCellPhone | | |
| Emergency Ph | ione | (if | unable to be reached) |
| Transportation: () I will pick up | please check one o my child | | |
| () My child wi | ll go home with | | |
| and their conta | ct phone # is | | |
| . , , | _ | nd I am aware that there wi | II be an additional fee. |
| NOT PICKED | UP ON TIME, THE PONSIBLE FOR T | Y WILL BE PLACED IN A | UP ON TIME! *IF A STUDENT IS AFTERCARE AND PARENTS THERE ARE NO REFUNDS IF A |
| IF YOUR CHIL HERE | .D NEEDS MEDIC | ATION (INHALER, EPIPE | N, ETC) PLEASE CHECK |
| PERMISSION | | | TE GIVING YOUR CHILD TION. PLEASE REMEMBER, |
| Parent Signatu | re | | Date |
| ****** | ******* | | ************ |
| Payment# | Date | For Office Use Check# | Amount |
| Session 1 | | | |
| Session 2 | | | |
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