## 2017-2018 Season REGISTRATION FORM





Rehearsals: Tuesdays, 4:30-5:30PM					
	CONTAC	CT INFORMA	ATION		
First Name:	Last Name:		Parents:		
Home Phone:	Parent Cell Ph	ione:	Singer Cell:		
Email 1:	nail 1: Email 2:				
Singer Age:	Singer Grade:	Sing	Singer Email:		
Address:		City:	State:	Zip:	
to the best of my rehearsals must be performing in scho	tember of the Children's Choir of New y ability. Only then can the high state made up at an alternative time. I reaseduled performances and acceptance in	ndards of the lize that missing the 2018-2019	Continuo Arts Ensembles be ng rehearsal unnecessarily will jeo season.	naintained. All missed pardize my chances of	
serve on a minin	n Continuo Arts includes a committed throughout the program of Continuo Arts we commit to	the year. If the	is commitment is not possible on below.	, please register in	
	serve o	on one commit	tee.	·	
Parent Signature:					
			CE REGISTRATION		
	, and the second se	+\$75 Materials			
Parent Signature: :	:			<u> </u>	
_	1	PAYMENT		70 A DY D	
L	I understand all Membership & P	rogram Service	e Payments are NON-REFUI	NDABLE	
Total Due:	Amount Paid:		_ Check Enclosed: C	Check #:	
☐ Credit Card:	Cardholder's Name:		Number:		
Expiration:	CVV:				

For Payment Plans & Scholarship Applications, contact the Continuo Arts Foundation: 908-264-5324 36 Chatham Road, Summit, NJ 07901 / www.continuoarts.com

All mobile numbers are automatically added to our Text Alert system. To opt-out please check here:□