

ST. JAMES CATHEDRAL

Youth Music Program

JUBILATE!

Fall and Spring SEMESTER* 2011-2012

REGISTRATION FORM

Today's Date _____

CHORISTER INFORMATION

Last Name _____ First Name _____

Address _____

City _____ Zip _____

Home Phone () _____ Parents Cell Phone _____

Parent's email _____

Chorister's email may be used only if parent gives permission by signing here _____

Chorister's E-Mail _____

Birthday _____ Age _____ Grade in School _____

Folks: Parent(s)/Guardian(s) _____

Folk's Daytime phone:

1. _____ () _____ () _____
(name) (WORK) (CELL)

2. _____ () _____ () _____
(name) (WORK) (CELL)

EMERGENCY CONTACTS (OTHER THAN FOLKS LISTED ABOVE)

Emergency contact 1 _____

Emergency contact 1 phone () _____

Emergency contact 2 _____

Emergency contact 2 phone () _____

Who is authorized to pick up chorister following rehearsals and liturgies?

1. _____

2. _____

3. _____

Please list any medical concerns or allergies:

OFFICE USE ONLY

- Tuition Enclosed
- Scholarship Requested
- Approved by Director
- Entered into Database

Please sign and return to Music Office.

ATTENDANCE INFORMATION FOR Jubilate!

*This registration form will be used for both Fall and Spring Semesters. If the chorister will not continue into the spring or if there is any change in information especially emergency contacts, please let us know so we can update our database. Tuition is \$60 per semester and will be collected both in the fall and spring.

Regular Monday rehearsal attendance per the schedule is presumed in order to prayerfully and musically prepare for these Cathedral liturgies listed below.

The following are liturgies for Jubilate! for the **FALL 2011 AND SPRING 2012** Semesters. Every date listed is also on the complete schedule for the year which you will receive. For each event please check the box next to it making your commitment to attend. I hope that you'll give serious consideration to your attendance commitment to this ensemble. If you have any questions please contact Ms. Sunde at: **ssunde@stjames-cathedral.org** or **206-382-4874**.

Sincerely in Christ,

Dr. Clint Kraus, Director
Youth Music Program

ATTENDANCE COMMITMENT

Date	Day		Liturgy or Event
18-Sept	Sun	<input type="checkbox"/>	12:00 Noon Mass
16-Oct	Sun	<input type="checkbox"/>	12:00 Noon Mass
20-Nov	Sun	<input type="checkbox"/>	12:00 Noon Mass
8-Dec	Thurs	<input type="checkbox"/>	7:00 Dress rehearsal <i>St. Nicolas</i>
10-Dec	Sat	<input type="checkbox"/>	8:00 Performance <i>St. Nicolas</i>
17-Dec	Sat	<input type="checkbox"/>	9:15 Dress Rehearsal Readings and Carols
18-Dec	Sun	<input type="checkbox"/>	7:30 Readings and Carols Service
15-Jan	Sun	<input type="checkbox"/>	1200 Noon Mass
4-Feb	Sat	<input type="checkbox"/>	9:30-2:00 Youth Arts Festival
19-Feb	Sun	<input type="checkbox"/>	12:00 Noon Mass
18-Mar	Sun	<input type="checkbox"/>	12:00 Noon Mass
29-Mar	Sun	<input type="checkbox"/>	7:00 Chrism Mass with Archbishop Sartain
1-April	Sun	<input type="checkbox"/>	4:00pm Solemn Vespers Palm Sunday
6-April	FRI	<input type="checkbox"/>	12:00pm-2:45 pm-Tre Ore
20-May	Sun	<input type="checkbox"/>	12:00 Noon Mass
10-June	Sun	<input type="checkbox"/>	10:00 am Mass, Corpus Christi

By checking the boxes above I understand that I am making a commitment to sing at each of these events, and to attend regular Monday rehearsals in preparation for these events.

Student _____ Parent/Guardian _____

Please sign and return to Music Office.