

Let Your Little **STAR SHINE!**



The Colorado Springs Children's Chorale
presents

Overture

Performance Prep Class for Children in Grades K - 2

Let your little performer shine! This class provides a unique opportunity for young children to develop skills as musicians and actors. Students will be introduced to the art of choral singing, drama and movement. Music theory instruction will include note reading, sight singing and musical terminology. Drama instruction will include activities in imagination, concentration, transformation and imitation. Each and every class will be a high-energy, fun journey for the young performer. At the conclusion of the semester, there will be an "informance" to display student achievement. Students in first grade or older who have demonstrated exceptional skill and focus will be invited to audition for the CSCC training choir.

Class Meets: Thursdays, 4:30 pm to 5:45 pm, February 23 - May 3, 2012

Registration Deadline: February 16

Tuition*: \$150

* Class payments are non-refundable

Classes will be held at the CSCC Studios 3022 N. El Paso St.
(North of Fillmore 1/2 block)

Questions? Contact us at

csc@kidssing.org or 633-3562 • www.kidssing.org

Colorado Springs Children's Chorale - Overture Class Registration Spring 2012

Date _____
Student Name _____ Age _____ Grade _____
Primary Address _____
City _____ State _____ Zip _____
Home Phone _____ Emergency Phone _____

Class: Spring, 2012

Thursdays, February 23 - May 3, 2012 4:30 - 5:45

Registration Deadline: February 16

Class Fee*: \$150

_____ My check for class fees is enclosed

_____ Please charge my class fees to my charge card.

Card # _____ Exp: _____

* Class payments are non-refundable.

PARENT(S) OR GUARDIANS WITH WHOM STUDENT RESIDES:

Parent/Guardian #1 Name _____ Place of Business _____

Cell Phone _____ Email _____ Business Phone _____

Parent/Guardian #2 Name _____ Place of Business _____

Cell Phone _____ Email _____ Business Phone _____

If there is any illness or handicap that will make it necessary for your child to participate on a limited basis or that will require special medications in any emergency, it is imperative for us to know about them so that our staff will be alerted to the situation. Please explain in the space provided.

MEDICAL RELEASE FORM 2011-12 Season

In case of a medical emergency, I/We, _____, parents or guardian, hereby give permission to the staff of the Colorado Springs Children's Chorale to authorize any medical doctor or accredited hospital to take any medical steps necessary to protect the health of our child, namely _____.

PARENT OR GUARDIAN _____ Date: _____

Return this form along with your payment to:
CSCC, P.O. Box 7841, Colorado Springs, CO 80933 OR in person at 3022 N. El Paso Street