

BISHOP BLANCHET GRADE SCHOOL BAND PROGRAM
AT
CHRIST THE KING CATHOLIC SCHOOL

Student Name: _____ Grade/Room: _____

Mailing Address: _____

Parent Email Address: _____

Cell and/or Home Phone _____

Circle One: **Beginning Band** **Advanced Band**

Instrument: _____

I give permission for my child to enroll in Band and agree to pay by the method chosen below: (Checks Payable to "Christ the King")

Ⓒ **Send in 4 checks for \$100.00 each - on Oct. 15th, Dec. 15th, Feb. 15th, and on April 15th, for a total of \$400.00.**

Ⓒ **Send in 1 check for \$400.00 by the Oct. 15th - to pay in full.**

Parent Statement:

I understand that Bishop Blanchet High School will provide instruction with two 30-minute lessons weekly from October through May, excepting school holidays and other conflicting school events not in control of Bishop Blanchet. (Classes cancelled by Bishop Blanchet due to instructor illness and/or weather emergencies will be made up in June)

PARENT SIGNATURE: _____ **DATE:** _____

PARENT NAME PRINTED: _____