

HIGHBRIDGE VOICES

Inspiring excellence through music.



SUMMER VOICES PROGRAM FOR RISING FOURTH & FIFTH GRADE STUDENTS

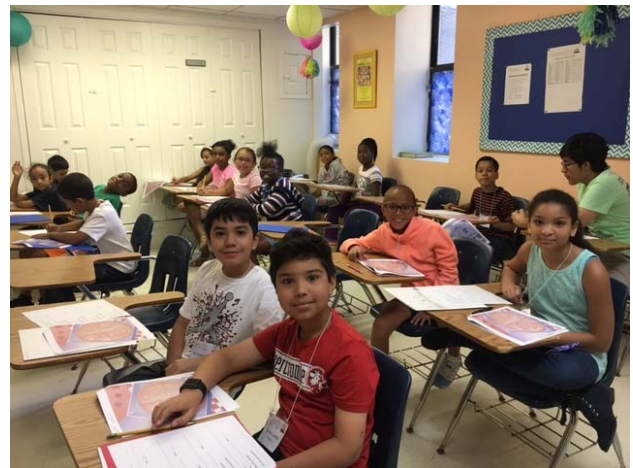
Get a head start on school. Get a head start at Highbridge Voices!

Highbridge Voices offers summer programming for **NEW** fourth and fifth grade students including:



*Choir Rehearsals
Music Lessons
Fourth & Fifth Grade Math/ELA Prep
A Concert for Families and Friends
Games, Snacks, and FUN!*

PROGRAM DATES:
August 21- August 31



SIGN UP DEADLINE:
Wednesday, August 1



Highbridge Voices is at 1360 Merriam Avenue
on the corner of 170th Street and Merriam Ave
For more information, please call (718) 293-8759



Summer Voices Program Permission Slip

May 24, 2018

To Highbridge Voices:

I give my son/daughter, _____, permission to attend the Highbridge Voices Summer Voices Program. I understand that this is for the SUMMER PROGRAM ONLY, and that his/her participation **does not** guarantee him/her a spot at Highbridge Voices in the fall. My child will be eligible to audition for the school-year program at the end of the summer.

I understand that my child will be responsible for the following:

- Attending weekly program for 2 weeks from Monday through Friday, **from August 21st –31st.**

All students will receive a letter and/or phone call in July with details for the summer program. If, for any reason, your child is no longer able to participate, you may cancel with no penalty.

THE HIGHBRIDGE VOICES AFTER-SCHOOL MUSIC PROGRAM IS A NON-PROFIT ORGANIZATION. THERE IS NO COST TO YOU. ALL STUDENTS ARE ACCEPTED INTO THE PROGRAM ON FULL SCHOLARSHIP.

My child’s date of birth is _____ His/Her Age _____

His/Her home address is _____
(Please include your apartment number and zip code)

My son/daughter’s school is _____

He/she is **currently** in class _____ His/Her teacher’s name is _____

Print Parent/Guardian Name

Telephone Numbers

Parent/Guardian Signature

Date



Permiso Para El Programa del Verano

Mayo 24, 2018

To Highbridge Voices:

Le doy a mi hijo/hija, _____, permiso para asistir a el Highbridge Voices Programa de musica. Entiendo que este es solamente para EL PROGRAMA DEL VERANO, y que dicha participación **no garantiza** un espacio en el programa del Highbridge Voices este otoño. Mi niño/a estará eligible para la audición para el programa durante el ciclo escolar al fin del verano.

Yo entiendo que mi niño/a será responsable por lo siguiente:

- Asistiendo a un programa semanal por dos semanas, desde Lunes hasta Viernes, **desde el 21 de Agosto hasta 31 de Agosto.**

Todos los estudiantes recibirá una carta y/o una llamada en Julio con los detalles del programa del verano. Si por alguna razón, su niño/a ya no pueda participar, puedes terminar sin penalidad.

EL PROGRAMA DE HIGHBRIDGE VOICES ES UNA ORGANIZACIÓN SIN FINES LUCRATIVOS. SIN COSTO ALGUNO PARA USTED. TODO GASTO DEL PROGRAMA ES PAGADO POR BECAS.

Fecha de nacimiento de mi niño/a _____ Edad _____

Dirección de el/ella _____
(Por favor incluya su # de apartamento, código postal)

Mi hijo/a atiende a la escuela _____

El/ella está en _____ clase. Su Maestro/a es _____

Firma del Padre/Guardián

Número de teléfono

Escribir su nombre

Fecha