Small World Chorus Application Form

Please return completed form to Rachel Kawilarang at rachelpkawil@gmail.com by August 25, 2024.

| Full Name: | | | Gender: | М | F |
|-------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------|----------------|-----|---|
| Grade for 2024-2 | 025 school year: | | Д ge: | | |
| Birthday: | | | | | |
| Mother's Name: | | Father's Nam | ne: | | |
| Address: | | | | | |
| Phone Number: | | | | | |
| | ents will be sent through e | | | t!) | |
| Last Day of Class: | September 8, 2024 May 25, 2025 Classes will be every Sund istmas, Easter, Mother's Da | lay from 1:30- ny, Spring Cond | 2:30PM cert | | |
| Parent/Guardian | Signature: | | | | |
| (Church Use Only Date Received: | , | | | | |
| Cash: | Check: | | | | |