

2019-2020 Woodson Area Chorus

Dear parents,

5th and 6th grade elementary students are invited to participate in an Woodson Area Chorus. The chorus will rehearse at Woodson High School from 6:00 PM to 7:00 PM on [REDACTED] evenings in the Michael L. Ehrlich Chorus Room. Rehearsals will be on the following dates:

November 12, November 19, and December 2

A culminating concert will be held on **Tuesday, December 3rd** at 7:00 PM at Woodson High School. Performers are asked to arrive at 6:15 PM. We will meet in the choir room. Concert attire will be the honor choir t-shirt with nice jeans, or dress pants and closed toe shoes.

This is a wonderful opportunity for elementary singers to gain more experience in choral music. Students will increase their knowledge of rehearsal technique, singing technique, music literacy and ensemble skills. In addition, students will begin building friendships with peers from other elementary schools within their pyramid.

Interested singers must complete the attached permission form and FCPS Emergency Care Form along with a \$10 participation fee. Checks are payable to Frost Middle School. Please submit forms to your elementary music teacher by Friday, October 25th, or mail them directly to:

Frost Middle School
c/o Meredith Lee
4101 Pickett Road
Fairfax, VA 22032

This program is an extension of the FCPS elementary choral curriculum. Singers will not receive a grade relating to their participation. It is asked that students commit to all rehearsals since there are only 3. The participation fee helps pay for student music and a t-shirt. Students will receive music at the first rehearsal on November 12th.

If you have any questions, please e-mail malee1@fcps.edu or almoir@fcps.edu.

This is a unique opportunity for our singers. Please consider joining us. We look forward to working with you all!

Sincerely,

Amy L. Moir
Almoir@fcps.edu
Woodson High School Choral Director

Meredith Lee
Malee1@fcps.edu
Frost Middle School Choral Director

Please keep this page for your records.

Woodson Area Chorus Registration Form

Please fill in the following information, and FCPS Emergency Care form along with a \$10 participation fee. Checks are payable to Frost Middle School. Please submit the registration form, emergency care form and payment of \$10 by October 25th. If you need financial support, please let us know. This information can be returned to your chorus teacher, or mailed to:

Frost Middle School
% Meredith Lee
4101 Pickett Road
Fairfax, VA 22032

Student Full Name (please print legibly): _____

Current Elementary School: _____

Parent/Guardian Name: _____

Parent/Guardian E-mail address (please print legibly): _____

Parent/Guardian cell phone number: _____

Home phone number: _____

Student height in inches: _____

Student preferred voice part (please select one):

_____ Soprano
_____ Alto
_____ Unsure

T-shirt size (please circle) YL YXL S M L XL

_____ has permission to participate in the Woodson Area Chorus. Rehearsals will be held in the Woodson High School Chorus Room and begin promptly at 6:00 PM and end at 7:00 PM on November 12,19, and December 2nd. We understand that we will need to make arrangements for the child listed to be present at all rehearsals. Transportation will need to be arranged by the parent/guardian. We also understand there is a concert on Tuesday, December 3 at 7 PM in the Woodson HS auditorium.

Parent/Guardian Signature: _____



EMERGENCY CARE INFORMATION
 In case of an emergency, the school staff will contact 911.
 Every attempt will be made to contact a parent, a guardian, or a designated emergency contact.

STUDENT INFORMATION			
Last: _____	First: _____	Middle: _____	Date of Birth: _____
School Name: _____	ID No.: _____	Teacher or Counselor: _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/> Student has medical alert information on file. See page 2 for details.			Student Cell: _____ Bus # (AM): _____ Bus # (PM): _____

PARENT/GUARDIAN CONTACT INFORMATION
 This form is to be completed by the enrolling parent. The enrolling parent is the natural or adoptive parent or legal guardian with whom the student lives the preponderance of the school week and who enrolled the student in school.

Enrolling Parent	Last: _____	First: _____	Middle: _____	Home: _____	Telephone: _____
Number:	Street: _____	Apt. #: _____	Work: _____		
City:	State: _____	Zip: _____	Cell: _____		
Relationship:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Self		<input checked="" type="checkbox"/> Resides with	Language: _____	E-mail: _____

Other Parent	Last: _____	First: _____	Middle: _____	Home: _____	Telephone: _____
Number:	Street: _____	Apt. #: _____	Work: _____		
City:	State: _____	Zip: _____	Cell: _____		
Relationship:	<input type="checkbox"/> Resides with		Language: _____	E-mail: _____	

Other Parent	Last: _____	First: _____	Middle: _____	Home: _____	Telephone: _____
Number:	Street: _____	Apt. #: _____	Work: _____		
City:	State: _____	Zip: _____	Cell: _____		
Relationship:	<input type="checkbox"/> Resides with		Language: _____	E-mail: _____	

Other Parent	Last: _____	First: _____	Middle: _____	Home: _____	Telephone: _____
Number:	Street: _____	Apt. #: _____	Work: _____		
City:	State: _____	Zip: _____	Cell: _____		
Relationship:	<input type="checkbox"/> Resides with		Language: _____	E-mail: _____	

OTHER CONTACT INFORMATION
 Please list at least two people we may call if the parent(s) or guardian(s) cannot be reached in the event of an emergency. These people also have your permission to pick your child up from school during the school day.

Name of Person	Relationship	Language	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



EMERGENCY CARE INFORMATION

In case of an emergency, the school staff will contact 911. Every attempt will be made to contact a parent, a guardian, or a designated emergency contact.

STUDENT INFORMATION

Last: _____		First: _____		Middle: _____		Date of Birth: _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Grade: _____
School Name: _____		ID No.: _____	Teacher or Counselor: _____		Bus # (AM): _____		Bus # (PM): _____	
Siblings attending the same school (complete if applicable):								
Name(s): _____			Primary Internet access in the home for this student is <input type="checkbox"/> Cellular <input type="checkbox"/> Broadband <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Declined Do you have a device for this student to use that meets their educational needs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined					
Name(s): _____								

CURRENT HEALTH CONDITIONS

Below check any current health condition(s) that EMS or an emergency room physician should know about health of your student. Also complete and submit Health Information form SS/SE-71 if your child has a health condition(s) that require(s) attention during the school day. See below for medical alert information currently on file.

- allergies (be specific) _____
- foods _____
- medicines _____
- bee sting or insect bite _____
- other _____
- asthma
- cancer
- diabetes
- hearing problems hearing aid(s) _____
- heart problems (be specific) _____
- hemophilia sickle cell anemia
- physical disability (be specific) _____
- respiratory (be specific) _____
- seizures
- vision problems (be specific) _____
- glasses contacts
- other (be specific) _____

List all medications and dosages your child receives on a continual basis:

MEDICAL ALERT INFORMATION ON FILE

This space reserved for system printing of Health Information

PHYSICIAN INFORMATION

My child's medical care is provided by: _____ (name of doctor, clinic, or HMO) _____ (telephone)

Does your child have health insurance? Yes No

If yes, medical coverage is provided by: _____ (health insurance company, assistance program, HMO, etc.) _____ (telephone)

First aid and emergency treatment will be provided to students in accordance with the current version of FCPS Regulation 2102 or in accordance with the student's individualized health plan.

ENROLLING PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____