

ST. AGNES PARISH CHILDREN'S CHOIR

The **St. Agnes Parish Children's Choir** season will officially begin with our first rehearsal on **Wednesday, August 30, from 6:45PM-7:30PM in Murphy E (downstairs from Church)** under the direction of Bobby Fisher. Rehearsals will continue to be held on every Wednesday through the end of the school year, unless otherwise noted. **A complete schedule for the year will be handed out at the first rehearsal.**

We look forward to another exciting season. The choir will participate in at least **one Sunday Mass per month** plus on special Holy Days and Feast Days such as **Christmas Eve at the 4:00 Mass, Epiphany, Palm Sunday, Easter Sunday, Mother's Day, and Pentecost.**

In addition the choir periodically has opportunities to participate/perform at special celebrations such as **Martin Luther King Day** and at special events and places such as the **Nativity Scene** and **St. Charles Nursing Home**. In past years the choir has also had opportunities to perform from time to time on **recording sessions**.

Participation is open for **Grades 1-8**. It is my hope that some of our older students will participate and mentor/encourage the younger ones.

Parents, we hope you will encourage your children to be a part of this fun and important music ministry.

If your child is interested in participating, **please fill out the attached permission form**, and return it to the school office or you can return it with your child the first day of practice.

I am also looking for **adult volunteers** to assist in various capacities including **rehearsal room volunteer to assist at practices** and **drivers/chaperones** for special events. If you are able to volunteer for any of these please indicate on the attached permission form.

THANK YOU!

Bobby Fisher, Music Director

ST. AGNES PARISH CHILDREN'S CHOIR PERMISSION FORM

NAME OF CHILD _____ **has**
my permission to participate in the St. Agnes Parish Children's Choir:

PARENT(S) NAME _____

TELEPHONE _____

EMAIL _____

GRADE OF STUDENT _____

SIGNATURE _____ **DATE** _____

Parents, please check if you are available to volunteer to:

Classroom Volunteer to assist in the classroom during practices___

Drive and/or chaperone for special events___

***All adult volunteers must be up to date with VIRTUS and in compliance with Diocesan policies.**