Family Name:_____

Central Ohio Christian Homeschool Chorus, LLC
Enrollment Form Fall 2026

PLEASE SELECT ALL THAT APPLY:

_____Alpha Chorus (Kindergarten-3rd Grade)
Fridays, 12:30-1:10 PM
Session: September 25-November 20
Student Name(s) and birth date(s): _____

_____Beta Chorus (4th-7th Grade)
Fridays, 1:15-1:55 PM
Session: September 25-November 20
Student Name(s) and birth date(s): _____

_____Gamma Chorus 8th-12th Grade)
Fridays, 2:00-3:00 PM
Session: September 25-November 20
Student Name(s) and birth date(s): _____

What is your experience singing with a choir? Do you play an instrument? _____
_____

Concert: TBD - Looking at Friday, November 20

We are looking for a new location to have our concert this fall as the church can no longer move their choir risers forward on the stage. If you have any suggestions, please email me. Thanks

Parents' names:_____
Address:_____
Phone:_____Cell:_____
Email:_____(most communication will be made via email.)

Enrollment fee: $80 per child. A one time $10 discount for enrolling two or more children. No refund for withdrawals after classes have begun.

Signature:_____Amount enclosed:_____

Checks are made payable to: Central Ohio Christian Homeschool Chorus or COCHC
Please send your *Enrollment Form, Information and Emergency Form, Waiver, and payment to:*

Krista Waid, 4870 Roger Allen Ct, Hilliard, OH 43026. Questions? Please email: homeschoolchorus@gmail.com or call 614-204-0648.

Family Name:_____