

I, as the parent of a student taking the Concert Choir class at Mount Sophia Academy, agree to abide by the following:

I will get my student on time to Concert Choir.

I will inform the Concert Choir manager if my student is too ill to attend PRIOR to the start of rehearsal.

I understand that my student must stay in the designated areas of the building during the entire rehearsal time.

I will check (at least weekly), read and respond as necessary to any emails sent to me by the Concert Choir.

I will inform the Concert Choir manager if my email or other contact information changes.

I will pay my bill to the Mount Sophia Academy Concert Choir in a timely fashion and if there is an issue, I will contact the office prior to the due date to discuss the issue.

I will not make any disparaging comments about the teachers or staff of Mount Sophia Academy. If I have an issue I will bring it to the appropriate person. If I feel that it is not being addressed, I will contact either Mrs. Groop, Mrs. Varnell or a member of the Mount Sophia board.

I will treat everyone at the school with the respect they deserve as a unique and special person created by God.

I realize that the \$20 music deposit will only be refunded when my student returns all the music at the end of the semester.

I will intentionally look for opportunities to be helpful, encouraging and make a positive impact on the school and volunteer as my schedule allow if asked for help.

I have read, understand and promise to abide by the above.

Parent Name

Parent Signature

Date