



SAINT MARY
MAGDALEN
CATHOLIC CHURCH

CHILDREN'S CHOIR

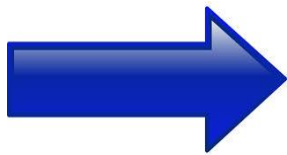
Fall 2024 Season

Come sing with us!



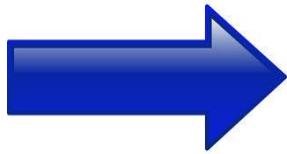
Who: All Children in grades 2nd - 8th

Practices: On **WEDNESDAYS** (both groups)



2:00-3:00 p.m. St. Mary Magdalen School
Students (starting on Aug. 14th)

(After school, students gather in front of the School Office, and then escorted by an adult, walk together over to the SMM Church St. Cecilia Choir Room. At 3:00 p.m., students will come to the Church Breezeway to meet parents for pick-up. Please note: Parents who are more than 15 minutes late will have to pick up their child inside the St. Cecilia Choir Room, because students will be arriving for the following 4:00 p.m. practice.)



4:00-4:30 p.m. "Quest" Religious Education
Students (starting on Sept. 4th, first day)

Where: All choir practices take place in the
Church Choir Room *(The Saint Cecilia Music Room)*

**Come sing at our
Church Masses and
Join in our Parish
Christmas Concert,
Wed., Dec. 4th**

Duration: The Children's Choir Ministry is offered only during the Fall semester (Aug. – Dec.) due to the active Spring semester extra-curricular activities.

****Please note:** The Children's Choir sings at several weekend Masses *(during the Fall semester)*, and at the exciting annual Parish Christmas Concert (Dec. 4th). What a wonderful way for your child to be able to actively participate in our Catholic liturgies and traditions.



**For more information, please call or e-mail
the Liturgy and Music Office
DebbieK@StMaryMagdalen.org
(407-831-1212, ext. 2310).**



St. Mary Magdalen Catholic Church
CHILDREN'S CHOIR REGISTRATION FORM
2024

Name: _____ Age: _____

Grade: _____

Home Phone Number: (____) _____

Any activities your child is involved in that may keep them from attending Wednesday rehearsals or Saturday Masses (sports, etc.):

IN AN EMERGENCY

Parents Name: _____

Fathers Work Phone:(____) _____ Fathers Cell Phone: (____) _____

Mothers Work Phone:(____) _____ Mothers Cell Phone: (____) _____

** Parents E-Mail Address: _____

Grandparents/Close Relatives (only if picking up child): _____

Grandparents/Close Relatives Phone: (____) _____

Allergies (or other medical conditions the Directors should know):
