



LET'S SING AND PRAISE
JOIN THE YOUTH CHOIR



GRADES: 2nd – 8th

Dear St. Alphonsus Parents,

We are happy to announce the Youth Choir is returning this year. Again, we are inviting all students Grades 2-8 who would like to participate in this ministry. Below you will find the permission/registration form. Please drop your form off with either Mr. Piontkowski in church before or after mass, in the parish office, or the parish school office.

Forms must be returned by Sunday, September 25th.

Youth Choir rehearsal will be on Wednesdays starting October 5th. We are excited to begin making music with our young voices and look forward to seeing all of our past and new faces joining. We have included the dates along with the registration form to assist parents scheduling school activities for their child (ren).

Thank you for supporting this very important ministry. In peace,

Mr. Piontkowski, Director of Liturgy and Music (Accompanist)

Mrs. Jager, Director of the Youth Choir and Mrs. Zoltak, Choir Assistant

Youth Choir Schedule

3:15PM TO 4:15 PM (Please pick up promptly)

Wed., Oct. 5	Wed., Nov. 2	Sun., Dec., 4th – 3:30 pm Concert
Wed., Oct. 12	Wed., Nov. 9	Wed., Dec. 7
Wed., Oct. 19 NO REHEARSAL	Wed., Nov. 16	Wed., Dec. 14
Wed., Oct. 26	Wed., Nov. 30	Wed., Dec. 15
Sun., Oct., 30th at 9:00 MASS		Wed., Dec. 21 Rehearsal after 11:30 School dismissal Lunch provided –Child pick up at approximately 1:15pm

Saturday Dec. 24 Christmas Eve 4:00pm MASS (Arrive at 3:00 for music review and warm-up)

Contact Information

jagercarla@yahoo.com Mrs. Carla Jager***414-769-7397 (Home)***414-429-4735 (Cell)

PLEASE CUT AND RETURN INFORMATION BELOW to Mr. Piontkowski or School Office by September 26th



2022 Fall -- St. Alphonsus Youth Choir Registration & Permission Form

CHILD NAME: _____ GRADE: __ #1 PARENT(S) NAME: _____ Cell # _____

CHILD NAME: _____ GRADE: __ #2 PARENT(S) NAME: _____ Cell # _____

HOME PHONE NUMBER: _____ #1 E-Mail: _____ #2 E-Mail: _____

ADDRESS: _____ CITY: _____ STATE: __ ZIP _____

WE GIVE THE STUDENTS A TREAT AFTER REHEARSALS FOOD RESTRICTIONS: (Y-N) __

List food restriction(s) - _____

I give my child(ren) permission to participate in the St. Alphonsus Youth Choir.

Please Sign