

REGISTRATION 2013-2014

First Church Children's Choir

Child's Name _____ Birthdate _____ Grade _____

Parent (primary contact) _____ Home Phone _____

Address _____ Cellphone _____

E-mail _____

Parent _____ Home Phone _____

Address _____ Cellphone _____

E-mail _____

If I am unable to pick up my child, the following individuals have my permission to drive my child home:

Name: _____ Phone _____

Name: _____ Phone _____

Name: _____ Phone _____

Does your child have any medical or other issues of which I should be aware?

Does your child have any food allergies?

I have read the Choir Handbook, I understand the Choir Expectations, and I would like to enroll my child in Children's Choir at First Church.

Parent's Signature

Date

I understand the Choir Expectations, and I would like to become a member of Children's Choir at First Church.

Child's Signature

Date