



# Registration Form

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Special Needs/Allergies?: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Would you be willing to help in choir for special events or when a teacher has to be absent? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**We're excited to sing with you!**