



# Sydenstricker UMC Children's Choir Registration

(Print and complete this form and take to Church Office or box in Church Narthex.)

Date \_\_\_\_\_

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

Age \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

Birthday \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Where can you usually be reached during Children's Choir Rehearsal Time in case of sickness or emergency? (Wednesdays, 6:00-6:45pm)

\_\_\_\_\_

Siblings/others authorized to pick up your child?

\_\_\_\_\_

Please list anything you feel we need to know about your child (allergies, etc.)

\_\_\_\_\_

Would you be available to stay and help occasionally during rehearsal?

\_\_\_\_ Yes \_\_\_\_ No