

ST. PETER'S CHILDREN'S CHOIR REGISTRATION

CHILD'S NAME _____

AGE _____

PARENTS'
NAMES _____

ADDRESS _____

PHONE _____

EMAIL* _____

*this will be the primary means of communication

CHILD'S
SCHOOL _____

CURRENT GRADE IN SCHOOL _____

DOES YOUR CHILD HAVE ANY PAST MUSIC EXPERIENCE (lessons, choirs,
etc.)

Yes No If yes, please
describe _____

IS YOUR CHILD ABLE TO ATTEND THE TWICE MONTHLY
REHEARSALS? Yes No

ARE YOU INTERESTED IN VOLUNTEERING?

If yes, in what capacity?

Do you have any musical experience?

PLEASE EMAIL THIS FORM TO aliciamillslong@yahoo.com