

CAROL CHOIR REGISTRATION for Mrs. Patricia Wootten
PLEASE INCLUDE 2 CANDID SHOTS OF YOUR CHILD

This information/pictures are used to prepare biographical sketches of the children during the choir year. It is helpful to have this information prior to the beginning of choir on September 12th. **Please include email address. I will be contacting parents and children throughout the year using this means of communication. Thank you!**

Singer's Full Name _____
Last First Middle

Address _____

City _____ Zip _____ Phone _____ Email _____

Birthdate _____ School _____ Grade _____ Hair Color _____ Eye Color _____

Mother's Name _____ Father's Name _____

Brothers and Sisters (names and ages)

Pet(s) and names _____

MY FAVORITES

Candy Bar _____ Sport _____

Color _____ Restaurant _____

Food _____ Toy _____

If you asked my best friend to describe me in three words, he/she would tell you I am

When I grow up I would like to _____

PARENTS: Please return all forms/pictures PRIOR to the first rehearsal on September 12th to the Church Office, attn. Patti Wootten or mail to: Patti Wootten 1661 Mason Knoll Road St. Louis, MO 63131-1220

Forms to return along with two pictures include:

- * Choir Registration Forms (Carol Choir and Church Registrations)**
- * Health Statement/Consent Form - NOTARIZATION REQUIRED (CHURCH PROVIDES)**
- * Parent Volunteer Form**