

CHURCH OF ST. GABRIEL THE ARCHANGEL
88 East Saddle River Road
Saddle River, New Jersey 07458

Children's Choir
2018-19 Registration Form

Please select what you are interested to participate:

- Cantate Choir KidsChoir
 Color Bell Choir I Color Bell Choir II

I. Contact Information

CHILD'S NAME _____ Age _____

NAME(s) OF PARENT/LEGAL GUARDIAN: _____

PARENT'S E-MAIL ADDRESS: _____

Phone Number: (H) _____ (C) _____

ADDRESS: _____ City: _____

SCHOOL ATTENDING _____ Grade _____

II. Musical Background

Does your child take any private voice or instrumental lessons? _____
Instrument Teacher Years of Study

III. Medical Information

Does your child have any known food allergies? _____

Does your child have any other medical conditions of which we need to be made aware? _____

IV. Permission to use photos and videos

_____ I grant permission for St. Gabriel's to use of photos and videos of my child on church website and Facebook.

_____ I deny permission for St. Gabriel's to use of photos and videos of my child.

Parent or guardian signature: _____ Date _____