

CHURCH OF ST. GABRIEL THE ARCHANGEL

**88 East Saddle River Road
Saddle River, New Jersey 07458**

2021-2022 Choir Registration Form

Please select what you are interested to participate:

- Gabriel's Archangel Choir** (former KidsChoir)
 Color Bell Choir

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 _____