

SAINT AGNES PARISH CHILDREN'S CHOIR FORM

Please clearly fill out this form and return it to rehearsal on either Thursday, September 7 or Thursday, September 14.

You may also email this form to Mr. Flaberty at jflaberty@saintagnesschool.org

NOTE: Fill out only one form per family!

SINGER INFORMATION

1. Name (First, Middle, Last): _____

Age: ____ Previous Participant in St. Agnes' Children's Choir? Y/N ____ Enrolled at St. Agnes School? Y/N ____

For Additional Children:

2. Name (First, Middle, Last): _____

Age: ____ Previous Participant in St. Agnes' Children's Choir? Y/N ____ Enrolled at St. Agnes School? Y/N ____

3. Name (First, Middle, Last): _____

Age: ____ Previous Participant in St. Agnes' Children's Choir? Y/N ____ Enrolled at St. Agnes School? Y/N ____

4. Name (First, Middle, Last): _____

Age: ____ Previous Participant in St. Agnes' Children's Choir? Y/N ____ Enrolled at St. Agnes School? Y/N ____

5. Name (First, Middle, Last): _____

Age: ____ Previous Participant in St. Agnes' Children's Choir? Y/N ____ Enrolled at St. Agnes School? Y/N ____

Address: _____

City: _____ State: _____ Zip Code: _____

Mother's Name: _____

Mother's Phone Number: _____ Mother's Email: _____

Father's Name: _____

Father's Phone Number: _____ Father's Email: _____

Mother's Address (if different) _____

Father's Address (if different) _____

Emergency Contact Name: _____

Relationship to Singer: _____ Phone Number: _____