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

Children's Choir

2017-18 Registration Form

Please select what you are interested to participate:

( ) Cantate Choir ( ) Color Bell Choir ( ) KidsChoir

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. Parental Participation

Please check off which areas you would be interested in assisting:

____ Photocopying/Music Organization/Binders
____ Parental Communications
____ Rehearsal Vocal Support and Musical Assistance
____ Attendance/Monitoring/Emergency at Rehearsals
____ Attendance/Monitoring/Emergency at Masses
____ Attendance/Monitoring/Emergency at Concert