

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

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***St. Gabriel's KidsChoir***  
**2016~2017 INFORMATION SHEET**

**I. Contact Information**

CHILD'S NAME \_\_\_\_\_ Age \_\_\_\_\_  
NAME(S) OF PARENT/LEGAL GUARDIAN: \_\_\_\_\_  
PARENT'S E-MAIL ADDRESS: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
EMERGENCY CONTACT PHONE: \_\_\_\_\_  
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. Conflicts**

Please list any conflicts you may have with the attached schedule

Is your child an altar server?

**V. Parental Participation**

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

- \_\_\_\_\_ Photocopying/Music Organization/Binders
- \_\_\_\_\_ Rehearsal Set-up/Clean-up
- \_\_\_\_\_ Mass Set-up/Clean-up
- \_\_\_\_\_ Parental Communications
- \_\_\_\_\_ Rehearsal Vocal Support and Musical Assistance
- \_\_\_\_\_ Attendance/Monitoring/Emergency at Rehearsals
- \_\_\_\_\_ Attendance/Monitoring/Emergency at Masses
- \_\_\_\_\_ Attendance/Monitoring/Emergency at Concert