

Christ Church Child Chorister Program
2017-2018 Chorister Registration Sheet
(PLEASE PRINT LEGIBLY. ONE FORM PER INDIVIDUAL CHILD)

Child's Name _____ Grade _____

Child's Birthday _____

Parent(s) Name(s) _____

Address _____ Zip _____

Home Telephone _____

Parent(s) Daytime Telephone(s) _____

Parent(s) Mobile Telephone(s) _____

Email _____

Emergency Contact _____

Emergency Contact Relationship to Child _____

Emergency Contact Telephone Number _____

Known Allergies _____

I understand and acknowledge that by registering for the Chorister Program, my child is making a commitment to the Chorister Program at Christ Church for the 2017-2018 Choir Season (September through June), I will make every effort to bring him/her on time to each choir event and will advise the Choirmaster in advance of any scheduling needs or requests.

Parent(s) Signature _____

If you are willing to serve on a Choir Parents' Guild, please tick here: _____

Please return this form to the Music Office at Christ Church ASAP. Thank you.
1415 Pelhamdale Avenue, Pelham New York 10803