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Registration Form – St Bernard Children's Choirs

2010-2011 Choir Season

Child's Name: _____ Age: _____

Address: _____ Date of Birth: _____

_____

School: _____ Grade: _____

Name of Parent(s)/Guardian(s) _____

Home: Phone: _____ Cell Phone _____

E-mail Address: _____

Does this child play an instrument: (circle one) ☐ yes ☐ no

Instrument(s) studied: _____ How Long? _____

My child will be attending the: ☐ First Rehearsal (3:00-4:00 p.m.)
☐ Second Rehearsal (5:45-6:45 p.m.)

I am interested in volunteering to support the choir . YES ☐ NO ☐ (circle one)

Please list any food allergies or medical conditions that we should be aware of:

_____

Return to:
Stephen Schall, 311 Washington Road, Mt. Lebanon, Pa 15216

Registration forms can also be returned in an envelope clearly marked "Children's Choir" and left in the rectory, school office or Sunday collection basket.