

St. Michael the Archangel Angel Choir

Grades K-3

Rehearsals Sundays 10:20-10:50 am

Name: _____ age: _____

School attending: _____ grade: _____

Address: _____

Home phone: _____

Cell: _____

Parent name: _____

Work phone: _____

email (please print clearly): _____

Child's PSR time: _____

Child's birthday: _____

Child's shirt size: _____

Medical information: _____

(ex.: asthma, allergies, visual or learning challenges, medications)

Please notify us if your child is unable to attend a practice or event.

____ I can help with music folders (librarian/asst. librarian)

____ I can help contact parents for reminders

____ I can help choir during singing events (loft supervision, lineup, etc.)

____ I can help with coordination of choir trips

Any help will improve our program and benefit your child!

Please return this form to the church office by: _____

Thank you for your prompt response.

For more information, contact Mrs. Alexander: njudith@mindspring.com 770-572-0586

