

REGISTRATION FORMS FOR 2019 – 2020 BAND AND Local Vocal SHOW CHOIR

My child will participate in:

_____ Stark County Catholic Schools Elem. Band at _____ Catholic School
_____ Stark County Catholic Schools Local Vocal Show Choir, practices at St. Michael Catholic School

Child's Information

Child's Name _____ Birth Date _____
Child's Age: _____ (Grades 4 – 8 for Band; Grades 2 – 8 for Local Vocal Show Choir)
Address _____ City _____ State _____ ZIP _____
Name of School _____

Parent / Guardian Information

Parent or Guardian Name _____
Address _____ City _____ State _____ ZIP _____
Phone #1 _____ #2 _____
Email #1 _____ #2 _____

Parent or Guardian Name _____
Address _____ City _____ State _____ ZIP _____
Phone #1 _____ #2 _____
Email #1 _____ #2 _____

Parent or Guardian Name _____
Address _____ City _____ State _____ ZIP _____
Phone #1 _____ #2 _____
Email #1 _____ #2 _____

Emergency contact information: (We will contact these individuals if you cannot be reached)

Name _____ Relationship to Child _____
Phone #1 _____ #2 _____
Email #1 _____ #2 _____
Permitted to pick up your child? _____ YES _____ NO (Please be prepared to show ID)

Name _____ Relationship to Child _____
Phone #1 _____ #2 _____
Email #1 _____ #2 _____
Permitted to pick up your child? _____ YES _____ NO (Please be prepared to show ID)

Name _____ Relationship to Child _____
Phone #1 _____ #2 _____
Email #1 _____ #2 _____
Permitted to pick up your child? _____ YES _____ NO (Please be prepared to show ID)