



## CHILDRENS CHOIR REGISTRATION FORM

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Child's Name	Date of Birth	Age	Grade (K-5 <sup>TH</sup> )	T-Shirt size
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Parents name	Best email address
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Mailing address	City	State	Zip Code
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Emergency Contact #	Alternate Emergency Contact #
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**Where will your child go after Choir? Please Choose below:**

\_\_\_\_\_ I will pick up my Children's Choir Student at 6:25 each week

\_\_\_\_\_ My Children's Choir Student will go to McG's Kids Program or Preschool each week