

ST. URSULA CHILDREN'S CHOIR REGISTRATION/PERMISSION FORM

PLEASE RETURN THIS FORM TO THE PARISH OFFICE,

ATTENTION: CAROLYN WEGLEIN

PLEASE PRINT ALL INFORMATION.

Child's Name _____ Home Phone _____

Home Address _____ City _____ Zip _____

School _____ Grade _____

Parent's Email(s) _____ (primary means of choir
_____ communications)

Mother's Name _____ Father's Name _____

Mother's Phone - Day _____ Father's Phone - Day _____

Mother's Cell Phone _____ Father's Cell Phone _____

Child lives with _____ Both Parents _____ Mother _____ Father

Other, please specify _____

Emergency contact (if parent cannot be reached): Name _____

Relationship to child _____ Phone _____

Shield the Vulnerable (formerly STAND) certified _____ Yes _____ No

Name(s) _____

I give permission for the above named child to participate in the St. Ursula Children's Choir program. I understand that this involves a weekly rehearsal on Wednesdays from 5:15 to 6:15 and weekend Masses once or twice a month. I agree to come into the church to pick up my child, unless I have notified the Choir Director that another relative or friend will be coming instead. If an emergency or illness makes an absence unavoidable, I will contact the Choir Director as soon as possible about our inability to participate that day.

Parent Signature

Date