

Children's Choir Registration 2024

Child

Name: _____

Age and grade in school _____

Preferred pronouns _____

Allergies _____

Any Extra Needs _____

Parent(s)/Caregiver(s)

Name: _____

Email Address: _____

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip Code: _____

Cell Phone: _____

Emergency Treatment

In the event of an illness or accident that requires medical treatment, parents/caregivers will be contacted immediately, using the cell phone number listed above. Please list two emergency contacts and phone numbers as backup.

Media Release

On occasions, we take photographs and videos of activities and programs at church, and we would like to post them in Belmont UMC's newsletter, website, Realm news, Facebook, or Instagram. Please indicate if you give permission for your child's photo to be shared.

Signature_____

Date_____

Parent/Caregiver Involvement

Do you have any musical talents you would be willing to share with us? Are there other talents/gifts you would like to offer? (Costume making, helping with art projects, party planning, ability to speak other languages...)
