

ANGEL CHOIR REGISTRATION 2019-2020 (Ages 3 and 4)

Child's Name: _____

Parent's Name: _____

Mailing Address: _____

Street Address (if different): _____

City/Town: _____ Zip: _____

Phone Number: _____ Parent's E-mail: _____

School and Grade: _____

Church you Attend: _____

Do you study piano, or take any kind of lesson (musical or otherwise)? If so, what?

Favorite subject in school: _____

Birth Date: _____ Age: _____

Emergency contact person: _____

Address and phone number: _____

Child's doctor: _____

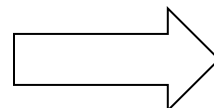
Address and phone number: _____

Does your child have any medical problems or allergies? If so, what?

Parents: Would you be willing to assist as a Chorister parent?

In what capacity would you be willing to help? (Check all that apply.)

- Cook Dinner (cost reimbursed)
- Help make costumes for programs and help with robe repair
- Help dress children in robes when we sing on Sunday
- Car pool - Transportation
- Assist during programs (make-up, dressing, etc.)



Parental consent form: Photo Publication

Oakland Presbyterian church does not publish photos of minor children/youth without the consent of a parent or guardian. If you are willing for your child's photo(s), taken at church events, to be published in print materials or on the website, we ask that you read this consent form, then sign, date it, and return to us. Please note that **we do not publish the names** of individual minors and are asking consent to publish images only.

Oakland Presbyterian church has my permission to use photos of my minor child taken at church events in print form and/or electronically, including as promotional photos on the church's website. Yes ___ No___

Print name of parent/guardian

Signature of parent/guardian

Date

Sign out authorization form

Please list the names of all the persons allowed to sign-out your child from Oakland Presbyterian Church's Children's choir. These and only these individuals listed below will be allowed to sign your child out. Identification of the person signing out the child from choir will be verified with their Driver's License or picture form of identification.

Name

Relationship to child

phone number

Field trip permission

My child has permission to attend any children's choir field trips. Y _____ N_____

Signed: _____

Permission to transport statement

In the event of an emergency, we will access the 911 Emergency system. If you would like to give them advance permission to begin transport and treatment of your child, please sign the following statement: I do hereby state that I am the parent or guardian of the child on this form. In order to expedite care of this child, I hereby give my permission for the responding emergency team to immediately initiate treatment and transport of this child to the preferred or appropriate medical facility, according to what they deem is indicated by the nature or extent of the injuries. I agree to be financially responsible for this child's treatment and transport. I will notify the church of any changes of this information in writing.

Signed: _____

Date: _____