CHILDREN'S CHOIR INFO FORM

Child's name_____

DOB_____/_____/_____Age_____ School Grade _____

Name of School: _____or Home Schooled: ☐

Parent's Name:_____

Cell:_____ Email:_____

Emergency Contact:_____

Relationship to child: _____Cell:_____

Please circle correct T-Shirt size.

YS ○ YM ○ YL ○ YXL ○ Adult Small ○

Favorite pizza: Pepperoni ○ Cheese ○ Either ○

Any food allergies? Yes ○ No ○

If yes, please list:_____

Child's address:_____

_____

Any previous music experience? Yes ○ No ○

If yes, please list:_____

_____

Questions---contact Susan Terry 832-282-9333; Susan@mlckaty.com