

KIDZ CHOIR

REGISTRATION 2017-2018

Please fill out one registration form for each child.

NAME: _____ AGE: _____ GRADE: _____

ADDRESS: _____ BIRTHDATE: ___/___/___ (yyyy/mm/dd)

CITY: _____ POSTAL CODE: _____

PHONE (PRIMARY): _____ ALTERNATE (1): _____ ALTERNATE (2): _____

EMAIL (1): _____ EMAIL (2): _____

PARENTS/GUARDIANS: _____

Is this your first year in Kidz Choir at Uxbridge Baptist Church? YES NO

Any allergies/medical alerts/special learning needs? _____

Will you allow your child to appear in photos or videos associated with Kidz Choir? YES NO