



Member Application

Choir Season:					
Member Information					
Child Name:					
<i>As it should appear in printed materials</i>			<i>Nickname</i>		
Address 1:					
<i>Street Address</i>				<i>Apartment/Unit #</i>	
Address 2:					
<i>City</i>			<i>State</i>		<i>ZIP Code</i>
Lives With (<i>Check One</i>)	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Guardian				
Date of Birth:		Home Phone:	()	Cell Phone:	()
Email Address:					
School Name:				Grade:	
Personal Information					
<i>Please list any personal qualities that you would like us to know about your child</i>					
Parent/Guardian Information					
Parent/Guardian Name:					
Home Phone:	()	Cell Phone:	()	Work Phone:	()
Email Address:					
Parent/Guardian Information					
Parent/Guardian Name:					
Home Phone:	()	Cell Phone:	()	Work Phone:	()
Email Address:					
Emergency Information					
Contact Name:		Relationship:		Phone:	()
Contact Name:		Relationship:		Phone:	()
Medical Information					
<i>Please list any allergies or medical concerns below</i>					
<i>Please list any prescribed medications child is taking at this time</i>					