

St. Catherine of Siena Parish

Children's Choir Registration Form 2017-18

Rehearses Thursdays 3:10-3:40: Sings once a month Sun. 9 AM Mass

Please print very clearly, especially on phone numbers and e-mail addresses.

(1) Child's Name _____ Grade _____

Previous music or choir experience _____

(2) Child's Name _____ Grade _____

Previous music or choir experience _____

Parent Name(s) _____

Street Address _____

City & ZIP _____

Best contact phone _____ E-mail _____

Alternate phone(s) for emergency contact _____

Please check all that apply:

___ My child/children will come to rehearsal directly after dismissal at St. Catherine School

___ My child/children (4th grade) will come to rehearsal after Legion of Mary.

___ My child/children will be picked up at 3:40 in church by _____.

___ My child/children will go directly to extended care after choir at 3:40

___ Someone will bring my child/children to rehearsal by 3:10 pm and pick up by _____ at 3:40.

Our family (parent, grandparent, older sibling) can provide the following support to the choir program:

___ **** Assist during choir rehearsal (attendance, etc. no musical experience necessary)

___ **** Sit with choir on Sunday mornings (Communion, "crowd control," etc.)

___ Set-up and supervision before choir (2:45-3:10)

___ Care and fitting of choir robes (one time)

___ Pass out and collect robes on Sunday mornings

___ Play piano at rehearsal and Sunday

___ Other (describe): _____

*No snack will be provided this year as students will come directly from school. If your child would like a small snack for before or after practice, please pack one on Thursdays.

*A small monetary contribution towards supplies, awards and final party is optional but helpful.

Make checks payable to St. Catherine Church.

***** Please complete the Health Authorization on the other side. *****

Return to Nancy Rogers at church, at the parish office, or through the school office

at least 2 days prior to first rehearsal on September 7. Questions: nancyrogers7950@gmail.com

**ST. CATHERINE OF SIENA PARISH
CHILDREN'S CHOIR
PARENTAL PERMISSION AND HEALTH AUTHORIZATION FORM**

CHILD'S NAME _____

I/We, the parent, guardians of the above named child hereby give my/our permission to his/her participation in any and all Parish Children's Choir activities. I/We agree to direct my/our child to cooperate and conform with directions and instructions of the parish personnel responsible for Parish Children's Choir activities.

I/We agree in the event my/our child is injured as a result of his/her participation in Parish Children's Choir activities, including transportation to and from these activities, whether or not caused by the negligence of the Parish Children's Choir program or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be against any accident, hospital or medical insurance, or any available benefit of mine/ours.

In the event we cannot be reached in an emergency, I/We hereby give permission for the Choir Director, Sr. Anne Marie McKenna, BVM, to authorize by his/her signature whatever medical treatment may be considered necessary by the attending physician for my/our child.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

FAMILY PHYSICIAN _____ PHONE _____

ADDRESS _____ CITY/ZIP _____

MEDICAL PLAN _____ PLAN NUMBER _____

If you do not want medical care given to your child, state reasons: _____

Child has or is subject to (check if yes):

Asthma Fainting Spell Convulsion Diabetes Heart Trouble

Allergy or reaction to any medication (List: _____)

Allergy or reaction to nuts or any common snack food or juice (List: _____)

Gluten intolerance

Any condition now requiring medication (Name of medication: _____)

In case of DISASTER, my/our child may be released to any of the following:

NAME _____ PHONE _____

NAME _____ PHONE _____

NAME _____ PHONE _____

Junior Choir Registration Form 2017-18

Rehearses Tuesdays 3:10-4:00 Sings once a month Sun. 9 AM Mass

Please print very clearly, especially on phone numbers and e-mail addresses.

(1) Child's Name _____ Grade _____

I would like to play an instrument (name instrument and experience) _____

(2) Child's Name _____ Grade _____

I would like to play and instrument (name instrument and experience) _____

Parent Name(s) _____

Street Address _____

City & ZIP _____

Best contact phone _____ E-mail _____

Alternate phone(s) for emergency contact _____

Please check all that apply:

___ My child/children will come to rehearsal directly after dismissal at St. Catherine School

___ My child/children will be picked up at 3:40 in church by _____

___ My child/children will go directly to extended care after choir at 3:40

___ Someone will bring my child/children to rehearsal by 3:10 pm and pick up by _____ at 3:40.

Our family (parent, grandparent, older sibling) can provide the following support to the choir program:

___ Assist during choir rehearsal (attendance, prepare folders, etc. no musical experience necessary)

___ Play piano at rehearsal and Sunday

___ Other(describe) _____

**No snack will be provided this year as students will come directly from school. If your child would like a small snack for before or after practice, please pack one on Tuesdays.*

**A small monetary contribution towards supplies, awards and final party is optional but helpful.*

Make checks payable to St. Catherine Church.

***** Please complete the Health Authorization on the other side. *****

Return to Nancy Rogers at church, at the parish office, or through the school office
at least 2 days prior to first rehearsal on Sept. 5 Questions: nancyrogers7950@gmail.com

**ST. CATHERINE OF SIENA PARISH
CHILDREN'S CHOIR
PARENTAL PERMISSION AND HEALTH AUTHORIZATION FORM**

CHILD'S NAME _____

I/We, the parent, guardians of the above named child hereby give my/our permission to his/her participation in any and all Parish Children's Choir activities. I/We agree to direct my/our child to cooperate and conform with directions and instructions of the parish personnel responsible for Parish Children's Choir activities.

I/We agree in the event my/our child is injured as a result of his/her participation in Parish Children's Choir activities, including transportation to and from these activities, whether or not caused by the negligence of the Parish Children's Choir program or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be against any accident, hospital or medical insurance, or any available benefit of mine/ours.

In the event we cannot be reached in an emergency, I/We hereby give permission for the Choir Director, Sr. Anne Marie McKenna, BVM, to authorize by his/her signature whatever medical treatment may be considered necessary by the attending physician for my/our child.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

FAMILY PHYSICIAN _____ PHONE _____

ADDRESS _____ CITY/ZIP _____

MEDICAL PLAN _____ PLAN NUMBER _____

If you do not want medical care given to your child, state reasons: _____

Child has or is subject to (check if yes):

Asthma Fainting Spell Convulsion Diabetes Heart Trouble

Allergy or reaction to any medication (List: _____)

Allergy or reaction to nuts or any common snack food or juice (List: _____)

Gluten intolerance

Any condition now requiring medication (Name of medication: _____)

In case of DISASTER, my/our child may be released to any of the following:

NAME _____ PHONE _____

NAME _____ PHONE _____

NAME _____ PHONE _____