



COVENANT

presbyterian church

Children's Choir Registration Form 2018-2019

Child 1

Name: _____ Age: _____ Grade: _____

Birthday: _____ Allergies: _____

Special needs or information for us to know about your child: _____

Child 2

Name: _____ Age: _____ Grade: _____

Birthday: _____ Allergies: _____

Special needs or information for us to know about your child: _____

Child 3

Name: _____ Age: _____ Grade: _____

Birthday: _____ Allergies: _____

Special needs or information for us to know about your child: _____

Parent/Guardian 1

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

Parent/Guardian 2

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

Transportation

Yes No A parent/guardian will usually be on the church campus during choir rehearsal.

Yes No A parent/guardian will usually be the one to meet this child for pick up at 6:30

If No, please give the name and relationship of the regular pick-up person _____

Yes No Following choir rehearsal, this child will usually attend childcare/Young Scholars from 6:30-7:30

Emergency Procedures

If Parents/Guardians cannot be reached in an emergency, contact:

1. _____
name relationship home phone cell phone work phone
2. _____
name relationship home phone cell phone work phone

To ensure appropriate medical care for my child, I understand the Covenant children's choir staff will make every reasonable effort to contact me in the event of an emergency or need for medical/hospital care for my child. If unable to reach me or my emergency contacts, Covenant children's choir staff will call an ambulance to transport my child to a local medical facility. Based upon the medical judgment of the attending physician, my child may be admitted to a local medical facility. The health information provided on this form may be shared with emergency medical staff. I agree to assume all expenses for moving and medically treating my child. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia, which may be carried out based on the medical judgment of the attending physician. By my signature below, I release Covenant Presbyterian Church and its staff and volunteers from all liability.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date

Parent Agreements (please initial to indicate understanding)

_____ I grant permission to Covenant Presbyterian Church to photograph, audio record and video record my child for promotional purposes.

_____ I understand that choir members, in their role as worship leaders, are expected to attend the entire service in which they are singing.

_____ I agree to promptly drop off and pick up my child as determined by their choir schedule.

_____ I will communicate all necessary absences in as far as advance as possible

_____ I commit to keeping up with communications sent via email or text regarding my child's participation in choirs.