

St. Joseph Catholic Church
Children's Choir Registration

2019 - 2020 (ONE FORM for EACH CHILD PLEASE)



Child's Information:

Child's Name: _____ Gender: _____ Grade: _____

Mailing Address: _____ City: _____ Zip: _____

Home Phone: () _____ Date of Birth: _____ (month/day/year)

Name of School: _____

First time in St. Joe's Children's Choir? Yes No

Parent/Guardian Information:

Mother's (First and Last) Name: _____ Cell phone: _____

E-mail: _____

Father's (First and Last) Name: _____ Cell phone: _____

E-mail: _____

IN CASE OF EMERGENCY: Contact during rehearsal: (name, phone number)

Parent Involvement /Agreement

An active Children's Music Ministry requires your assistance. If you would like to contribute to the Children's Choir program, please check specific areas of interest:

Regular weekly parent volunteers:

- Assist with supervising children in rehearsal
- Accompanist (piano)
- Administration/Organizing
- Provide Snacks Provide Beverages Phone Calling/Communication

Because choir is a performing art, each choir member is a part of an ensemble. Consistent attendance will ensure your child's most positive experience in choir. I will do my best to facilitate my child's consistent attendance in choir.

Signature of Parent/Guardian: _____

VIRTUS TRAINING

All Children's Choir directors are VIRTUS Trained. Parents who are assisting and/or supervising must also be trained in compliance with parish and Archdiocesan guidelines.

Photo Release for Children's Choirs Activities

During the year, we love to "capture the moment" when our Children's Choirs are singing and worshipping the Lord, and so we frequently may take videos, photographs, and recordings of the children. These images are used for the sole purpose of visually enhancing our parish bulletin, newsletters, parish/music website, displays at parish events, annual reports or local/diocesan newspapers. Please note that no information (name, grade level, etc.) will ever be published – only images of your child(ren) participating in choir.

I give my consent to the use of my child's voice and/or likeness in church-sponsored communications (including, but not limited to, newsletters, brochures, video productions, church website and advertisements) by St. Joseph Catholic Church.

Signature: _____ Date: _____

CHILDREN'S CHOIRS AUTHORIZATION/RELEASE FORM FOR 2019 - 2020 To

ensure the safety of your child, the church staff and volunteers will take necessary precautions. We are providing this form for you to let us know who will drop off & pick up your child each week.

Drop Off Before Rehearsal:

____ My child will need transportation from school. Name of school _____

____ I will bring my child to rehearsal each week.

____ My child will arrive at choir with one of the following persons. _____

Pick up Following Rehearsal:

____ I will pick up my child in the Loughry Room at the end of rehearsal.

____ My child will leave choir with one of the following persons. _____

MEDICAL RELEASE FORM

Child's full name: _____

Address: _____

Birth date: _____ School: _____ Grade: _____

Physician: _____ Phone: _____

Parent/Guardian name: _____

Father: Cell phone _____ Work phone: _____

Mother: Cell phone _____ Work phone: _____

Allergies: _____

Any special needs: _____

In the event that the undersigned, or my (our) authorized physician, cannot be reached and in the judgment of the Children's Choir Director, or other person responsible for the program/group, or other appropriate staff member, there is a necessity for immediate examination and/or treatment of my (our) child(ren), I (we) hereby authorize any of the aforesaid personnel to obtain such medical services as are deemed necessary.

Signature of Parent/Guardian: _____ **Date:** _____