



# OLF Children's Choir Registration 2009-2010

## Child's Information:

First	Last	Date of Birth
Age	School	Grade
Home Address		Home Phone
Food and/or Allergy -please indicate _____		

## Parent/Guardian Contact Information:

Mother		
Name	Work Phone	Cell Phone
Father		
Name	Work Phone	Cell Phone
Email address: _____		

## Emergency Information: Please list two, in order of preference for emergencies.

Name/Relationship \_\_\_\_\_ Phone number (s) \_\_\_\_\_

Name/Relationship \_\_\_\_\_ Phone number (s) \_\_\_\_\_

## Pick-up Authorization: Please list below those authorized to pick up your child from Choir.

Name/Relationship \_\_\_\_\_ Phone Number (s) \_\_\_\_\_

By signing this form, the parent/guardian acknowledges that Choir practice begins at 4:00 PM and ends promptly at 5:00 PM on Tuesday afternoons on regularly scheduled school days. (Note: If schools are closed for Snow Days etc., Choir is also cancelled.) Children not picked up promptly will be sent to OLF After-School program for an additional fee.

I give permission for my child to participate in the OLF Children's Choir and understand my responsibility for drop-off and pick-up. Furthermore, I give authorization for Betsy McGowan to act on my behalf in the case of an emergency.

Signature/Parent or Guardian	Date
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