

# REGISTRATION FORM

CANTON CHILDREN'S CHORUS

2009-2010

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Child's Birthday \_\_\_\_\_

School \_\_\_\_\_ Grade Entering \_\_\_\_\_

Please list and medical problems we need to be aware of:

\_\_\_\_\_  
\_\_\_\_\_

Instruments Played \_\_\_\_\_

Mother's name \_\_\_\_\_

Employer \_\_\_\_\_

Daytime Phone/Cell \_\_\_\_\_

Father's Name \_\_\_\_\_

Employer \_\_\_\_\_

Daytime  
Phone/Cell \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_

E-Mail: \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

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