

ALL SOULS CHILDREN'S CHOIR



Please complete one form per student, and return to Church or School Office :

Name _____ Grade _____

Parent/Guardian Name _____

Residence Address _____

Mailing Address (if different) _____

School attending _____

Home phone _____ Cellular phone _____ Work phone _____

E-mail address (please print clearly) _____

Please list additional **authorized** adults who have permission to pick up your child(ren) if they need to leave rehearsal early, for emergency circumstances, or for regular dismissal after rehearsal:

Emergency contact person/number _____

Any special notations/circumstances pertaining to student of which we should be made aware:

I hereby grant permission for the above named student to participate in the children's choir at All Souls Catholic Church and School, Sanford, Florida.

Signed _____ Date _____