

**ST. ISAAC JOGUES CHILDREN'S CHOIR
REGISTRATION/PERMISSION FORM**

**PLEASE RETURN THIS FORM TO THE PARISH OFFICE BY SEPT. 26, 2011.
PLEASE PRINT ALL INFORMATION.**

Child's Name _____ Home Phone _____

Home Address _____ City _____ Zip _____

School _____ Grade _____

Wishes to participate in Bell Choir (please circle): Yes No Bell Choir only

Parent's Email(s) _____

Mother's Name _____ Father's Name _____

Mother's Phone - Day _____ Father's Phone - Day _____

Mother's Cell Phone _____ Father's Cell Phone _____

Child lives with _____ Both Parents _____ Mother _____ Father

Other, please specify _____

Emergency contact (if parent cannot be reached): Name _____

Relationship to child _____ Phone _____

I give permission for the above named child to participate in the St. Isaac Jogues Children's Choir and Bell Choir program. I understand that this involves a weekly rehearsal on Thursdays from 5:30 to 6:15/6:30/7:30 PM in the Seton Chapel and Room 8 of the Cronin Center. I agree to come into the Cronin Center to pick up my child unless I have notified the Choir Director that another relative or friend will bring them home. If an emergency or illness makes an absence unavoidable, I will contact the Choir Director as soon as possible about our inability to participate that day.

Parent Signature

Date