



REGISTRATION FORM

CHOIR MEMBER INFORMATION

Name: _____

Age ____ Date of Birth ____/____/____

Name: _____

Age ____ Date of Birth ____/____/____

PARENT INFORMATION

Mother's Name: _____ Home (____) ____-____ Cell (____) ____-____

Father's Name: _____ Home (____) ____-____ Cell (____) ____-____

Address: _____
(Street) (City) (State) (Zip)

Family Email Address: _____

Church Membership: _____

Please indicate Alpharetta S.D.A, other congregation, or no current church membership

In case of emergency, notify: _____ Relation: _____ Phone (____) ____-____

PARENT VOLUNTEERS

Our children's choir will only be successful with the help and support of the parents. So, we will need parents to help organize, transport children, or just be here to help the music director(s) during rehearsals. Please check below any activity that you would be willing to help with. Thank you ahead of time for helping to make a great children's choir program at Alpharetta S.D.A. Church.

- Help organize special events
- Help transport children to or from choir rehearsal
- Choir photographer
- Choir announcements/PR

PARENTAL PERMISSION

I agree that photos of my child may be used for publicity purposes for promotion of the AlphaKIDS choir both in print and online.

Yes No

Please include my contact information in the Choir Directory. Yes No

STATEMENT OF PARENTAL COMMITMENT

I have read and understand the goals and expectations of the AlphaKIDS Choir and recognize the dedication associated with registering my child in this ministry. I understand that a commitment to regular attendance is key to my child's success. My signature serves as a pledge to assist my child in making the AlphaKIDS Choir experience meaningful and rewarding.

Parent's/Legal Guardian's Name (PLEASE PRINT)

Parent's/Legal Guardian's Signature