



The Main Street Children's Choir

A Community of Children's Voices

SINGER REGISTRATION FORM

STUDENT NAME _____ DATE _____
(FIRST) (MIDDLE) (LAST)

STUDENT ADDRESS _____
(# AND STREET) (APT. #)

(TOWN) (STATE) (ZIP CODE)

AGE _____ BIRTHDATE _____ HOME PHONE (____) _____

PARENT/GUARDIAN CELL PHONE 1. _____ WORK PHONE _____

PARENT/GUARDIAN CELL PHONE 2. _____

EMAIL _____

PARENT/GUARDIAN NAME _____
(FIRST) (MIDDLE) (LAST)

PARENT ADDRESS (SAME AS ABOVE?) YES NO
IF NOT, PARENT ADDRESS _____

NUMBER OF CHILDREN IN FAMILY _____

RACE/ETHNICITY/FAMILY BACKGROUND (please circle one)

African American Asian/Pacific Islander Caucasian Latino Multi-racial Native American Polish
Other

LANGUAGES SPOKEN BY CHILD _____

LANGUAGES SPOKEN BY FAMILY _____

GRADE IN SCHOOL (at the start of choir) _____ SCHOOL _____ TOWN _____

CLASSROOM/HOMEROOM TEACHER _____ MUSIC TEACHER _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PLEASE DESCRIBE HERE ANY MEDICAL CONDITION WE SHOULD BE AWARE OF:

IF YOU PAID TUITION ONLINE USING PAYPAL PLEASE CHECK HERE:

