St. Chrysostom's Church CHILDREN'S CHORISTER PROGRAM Registration Form 2022-23

CHILD 1

Name:			Date of birth:	
School:	Grade:	as of 9/22	T-shirt size:	Gender:
Allergies/medical conditions?				
Previous music experience? not required!				
Preferences for private lesson days/times?				
CHILD 2				
Name:			Date of birth:	
School:	Grade:	as of 9/22	T-shirt size:	Gender:
Allergies/medical conditions?				
Previous music experience? not required!				
Preferences for private lesson days/times?				
PARENT/GUARDIAN INFO				
Name:			Relationship:	
Phone:	Email:			
Name:			Relationship:	
Phone:	Email:			
I give my permission for my child(ren) to ap Chrysostom's Church. YES NO	ppear in photos	and vide	eos which may be pub	lished by St.
PARENT/GUARDIAN SIGNATURE			DATE	