Bach Children's Choir Registration Form

Please print clearly					
Child's name	Age	DOB	Grade	T-Shirt Size	
Child's name	Age	DOB	Grade	T-Shirt Size	
Child's name	Age	DOB	Grade	T-Shirt Size	
Mother's Name					
Mother's Address	City _		Zip	Phone	
E-mail Address	ail Address/Other Contact Numbers (cell/work)/				
Mother's Place of Employment and Occ	upation				
Father's Name					
Father's Address	City		_ Zip	Phone	
Father's Place of Employment and Occu	pation				
E-mail Address Other Contact Numbers (cell/work)/					
			(, ,		
School	Churc	h			
Who does the child primarily live with?					
Please list email addresses for any indiverse rehearsals, fundraisers, etc. (Grandpare Name	ents, daycare, other E-mail _	s dropping	off/picking u	p child)	
Name	E-mail _				
How did you hear about Bach Children'	s Choir?				
***********	******	******	*****	*******	
Registration fee is due upon enrollmen	t.				
Tuition is due at the first rehearsal of e	ach month, no later th	an the 10th, o	r at the beginnii	ng of each semester for a	
lump sum. How would you like to be b	illed for tuition? Mor	nthly	Lump Sum		
Who shall we bill for tuition payments?	?				
 Partial scholarships are available to the application if you have a need. 	ose in need in exchang	e for parent v	olunteer hours.	Please ask for a scholarship	
************	*******	******	*****	********	
For Administrator Use Only:					
Registration fee paid Type	New/ Retu	ırning (Choir Assignmer	t	
Other Notes					

Bach Children's Choir Medical Form

Please print clearly

Child's Legal Name _			Birtl	ndate Age	M	or F
	Last	First	MI			
Street			Apt. # City		Zip Code	
In case of illness or ac	cident contac	t :				
Mother's Name						
Address				H	Iome Pho	ne
Street		Apt. #	City		Zip Cod	le
Father's Name						
				Н	Iome Pho	ne
AddressStreet		Apt. #	City		Zip Cod	le
Additional Dhana Nur	nhona	/		/		
Additional Phone Numbers		Mom- cell/work				
	Last Name		Relationship Phone #			
Doctor's Name				Phone #		
AddressStreet			C'A		7: 0	1.
Preferred Hospital		Suite #	•		Zip Co	
Medical Insurance Co	mpany					
Policy Holder		Policy	Policy Number			
Please List any Medic	al conditions	that the Bach Childro	en's Choir s	should be aware of:		
Vision Problems					Yes	No
Hearing Problems				Wears hearing aid	Yes	No
Other Medical conditio	ns or allergies					
Medications that are tal	ken on a regula	ar basis				
If an emergency should	arise which re	equires immediate atte	ntion and we	e as parents/guardians	cannot	<u>be</u>
contacted, you are auth	orized to take	whatever steps are nee	ded to prote	ct the health of this ch	<u>iild</u> . Ye	s or
	~-					
Date:	Signat	ture of parent/guardia	an			

Parent Volunteer Form

Successful operation of the Bach Children's Choir requires more than the capabilities of the directors, administrative staff and board members. Parents are needed to drive to and chaperone at performances, help with fundraising, etc. Parental involvement helps us to keep the cost of operations down by allowing us to pay fewer staff members. This, in turn, keeps your tuition costs down. We encourage every parent to be involved in some way during the year. Please check those areas where you can be of assistance and return this form at the next rehearsal.

Child's Name(s)
Please print the <u>name of the parent</u> beside the areas in which you are willing to assist. You will be notified about the times and activities for which your assistance is needed. Thank you in advance for any help you can give!
Drivers/Chaperones : drivers needed for choir events and performances Can drive on weekdays: Yes or No (circle)
Refreshments : contribute refreshments for various activities, help with receptions
Wine Tasting Dinner and Auction (Saturday, March 3, 2018) Set-up and/or Clean-up Attend the event and invite others Silent Auction, wrap, donate items
Play an instrument. List instrument(s)
Knowledge of and/or contact with experienced musicians who may be used to accompany the choir.
Language other than English:speak, write, translate fluently in the following language(s):
I know of an organization that would like to hear the choir sing. List below:

PARENTAL PERMISSION FOR MEDIA USE FOR THE BACH CHILDREN'S CHOIR

Child's Name(s)	
Chorale (BCC) will be photographed or videotal	ns where the Bach Children's Choir and Youth ped. The Bach Children's Choir will assume we ese types of photographs or videotapes UNLESS you do not want your child included in such
**************	*************
students in a manner that would be <i>individually</i>	egraphs or audio/video of students or interview identifiable to a specific student. Please indicate specific photographs, audio/videos or interviews.
I narent or l	legal guardian of,
hereby GIVE DO NOT GIVE permit child to be specifically photographed, audio/vide reasonably portray programs or events of the Ba	ission to the Bach Children's Choir to allow my eotaped, or interviewed in any way that would
The Bach Children's Choir retains the rights	to any photographs, audio tapes or video recordings
to be used for publicity or advertising in both pri Bach Children's Choir, and any of its employees	int form and on the internet. I further release the s or Board Members, from any compensation or aphs, audio/videotapes, or interviews of my child.
I do further certify that I am of full legal capacity	y to execute the above authorization and release.
	_
ParentPrint Name	
ParentSignature	Date