

Signature:____

Children's Choirs Registration

Please complete the form below and return it to the church by mailing or bringing to The Congregational Church, 23 Park Street, New Canaan, CT 06840. *Please complete a separate form for each child.*

New Canaan, C1 00840. Please complete a separate form for each chila.									
Your Chi	ld's Info	rmation							
Child-Last Name Fi			First Name			Nickname			
Address									
7.444.000									
City			State	Zip					
	Grace Notes (ages 2-4) Mondays, 4:30-5:00pm		Cherubs (ages 4-K) Mondays, 4:00-4:30pm	Spirit Singers (grades 1-4) Wednesdays, 4:00-5:00pm		Joyful Noise (grades 5-8) Wednesdays, 5:00-6:00pm			
In which Children's Choir are you enrolling your child? Please Check Above.									
Child's Dat									
Yes Any Allergy	No	Comments:							
Yes No Comments: Any Health or Physical Challenges?									
Yes No Comments: Any Learning Challenges?									
Parent Information									
Mother's Name			Address, if different than above Hon		Home	ne Phone Cell F		none	
Father's Name			Address, if different than above		Home	e Phone	Cell Pi	none	
		-	, taaroog ir amoro		1101110		30,71		
Parent Email for Class Information									
Are you members of this Congregation? Yes No									
Pick Up Information Please indicate who has your permission to pick up your child. This includes siblings. Thank You!.									
None			News	Name			Nome		
Name			Name	Name			Name		
Name			Name	Name			Name		

Date:_____