

# Choir Camp

July 29 – August 2, 2019 | 9:00 AM – 12:00 PM | AGES 5 – RISING 5TH GRADE



Please fill out **BOTH SIDES** of this registration form and turn it in with your payment to St. Andrew's main office. Incomplete forms may lead to your child(ren) not being enrolled in Choir Camp.

This program is designed for a full week of participation. If you know in advance that your child will not attend on a given day, please indicate which day(s) below.

**REGISTRATION AND PAYMENT ARE DUE BY MONDAY, JULY 15, 2019.**

For more information about Choir Camp at St. Andrew's, please contact Aaron Goen ([aaron@standrews.net](mailto:aaron@standrews.net)).

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## CHILD REGISTRATION

Full Name: \_\_\_\_\_ Goes by: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Fall 2019 Grade: \_\_\_\_ Days **not** attending:  M  T  W  Th  F

Permission to use photo/video of child on website/in publications? *Names will not be included.*  YES  NO

Allergies: \_\_\_\_\_ Special Needs: \_\_\_\_\_

Full Name: \_\_\_\_\_ Goes by: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Fall 2019 Grade: \_\_\_\_ Days **not** attending:  M  T  W  Th  F

Permission to use photo/video of child on website/in publications? *Names will not be included.*  YES  NO

Allergies: \_\_\_\_\_ Special Needs: \_\_\_\_\_

Full Name: \_\_\_\_\_ Goes by: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Fall 2019 Grade: \_\_\_\_ Days **not** attending:  M  T  W  Th  F

Permission to use photo/video of child on website/in publications? *Names will not be included.*  YES  NO

Allergies: \_\_\_\_\_ Special Needs: \_\_\_\_\_

# PARENT/GUARDIAN INFORMATION

Full Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Emergency Contact *(other than parent/guardian)*

Full Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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# PAYMENT

Please return this registration form with your payment to St. Andrew's main office. You can make checks payable to St. Andrew's Episcopal Church with "Choir Camp 2019" on the memo line.

**Registration Fee: \$40/child – \$65/family max**

Number of children attending: \_\_\_\_\_ Check amount: \_\_\_\_\_ Check number: \_\_\_\_\_