

# 4C

## Clarington Christian Children's Choir

**Children's Name:**

**Age/Gender**

**Date of Birth**

*Example: Jane Doe*

*8, Female*

*Jan. 1, 2009*

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Parent's Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Children's T-Shirt Size**

**Children's Name:**

**XS**

**S**

**M**

**L**

**XL**

_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Complete if applicable**

**Instrument(s) played:** \_\_\_\_\_ **How Many Years?** \_\_\_\_\_

**Read music:** Yes No *(Please circle)*

**Rules:**

- Please be punctual for practice.
- If your child cannot attend choir practice, please inform choir director, Judith Mosomi (289.946.3180 or clarington.choir@yahoo.com) in advance.