



## Cherub Choir Registration Form

Child's Name \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth \_\_\_\_\_

### Parent/Guardian Contact Info:

Name \_\_\_\_\_

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

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email address(es): (Email reminders will be sent to those providing addresses)

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Will your child be attending SPLASH? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list names of others whom you authorize to pick up your child in your absence: \_\_\_\_\_

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