

ST. MICHAEL THE ARCHANGEL YOUTH CHOIR
GRADES 4- 9

Name: _____ age: _____

School attending: _____ grade: _____

Address: _____

Home phone: _____

Parent Cell# _____ ICE

Parent name: _____

Wk. phone: _____

E-mail: _____ (print clearly)

Other instruments played: _____

Years in SMA Youth Choirs _____

PSR day/class time: _____

Birthday: _____

Shirt size: _____

Medical information: _____

(ex. Asthma, allergies, visual or learning problem, medications)

Please notify the Mrs. Alexander if you are unable to attend a practice or Mass since this affects the music planning.

Prior notice is greatly appreciated.

____ I can help with music folders(librarian,asst. librarian).

____ I can help choir during Sunday warm-up.

____ I can help with coordination of our choir trips.

Any help will improve our program and benefit your child.

Please return this form to the church office or narthex table.

Thank you for your prompt response.

Mrs. Nila Alexander, choir director 770-572-0586