



**Catholic Community of Pleasanton**  
*Children's Choir / Instrumentalists - Music Ministry*

# Registration Form

Circle one: new / returning

Child's First Name \_\_\_\_\_ Child's Last Name \_\_\_\_\_

Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Do you play a Musical instrument? Y / N. If so what Instrument \_\_\_\_\_ # of Years? \_\_\_\_\_

Home Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_ Group/Policy Number: \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Dentist's Phone: \_\_\_\_\_

Special Conditions /Allergies/Comments \_\_\_\_\_

Parent/Guardian First name \_\_\_\_\_ Parent/Guardian Last name \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

I wish to participate in the following support role(s)

- |   |  |  |   |
|---|--|--|---|
| Rehearsal Parent <input type="checkbox"/>           | Communications Parent <input type="checkbox"/> | Recruitment <input type="checkbox"/>           | Music Planning <input type="checkbox"/>     |
| Seasonal Attire/Dress Code <input type="checkbox"/> | Chaperone Coordinator <input type="checkbox"/> | Set-up/Break-down <input type="checkbox"/>     | Archivist <input type="checkbox"/>          |
| Registrar Team <input type="checkbox"/>             | Assistant Director <input type="checkbox"/>    | Logistics Coordinator <input type="checkbox"/> | Music Book <input type="checkbox"/>         |
| Treasurer/Bookkeeper <input type="checkbox"/>       | Data Entry <input type="checkbox"/>            | Refreshments <input type="checkbox"/>          | Social Coordinator <input type="checkbox"/> |
| Sound / Tech <input type="checkbox"/>               | Web / Internet <input type="checkbox"/>        | Other <input type="checkbox"/>                 | _____                                       |

I/We the Parent(s) of the above named Singer/Instrumentalist hereby give my/our approval to participate in any and all parish choir activities. I/We also understand that I/we are required to assist the Music Ministry in a support role in order to have an active, successful program. I/We will participate in the role(s) as indicated above and will also provide my/our child(ren) with the necessary support from home so as to enable a positive Music Ministry experience.

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

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

## ***Additional Sibling Participants***

Child's First Name \_\_\_\_\_ Child's Last Name \_\_\_\_\_

Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Today's Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Do you play a Musical instrument? Y / N. If so what Instrument \_\_\_\_\_ # of Years? \_\_\_\_\_

Home Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_ Group/Policy Number: \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Dentist's Phone: \_\_\_\_\_

Special Conditions / Allergies / Comments \_\_\_\_\_

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## ***Second Parent/Guardian Support Role Participation***

Parent/Guardian First name \_\_\_\_\_ Parent/Guardian Last name \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

I wish to participate in the following support role(s)

- |   |  |  |   |
|---|--|--|---|
| Rehearsal Parent <input type="checkbox"/>           | Communications Parent <input type="checkbox"/> | Recruitment <input type="checkbox"/>           | Data Entry <input type="checkbox"/>         |
| Seasonal Attire/Dress Code <input type="checkbox"/> | Chaperone Coordinator <input type="checkbox"/> | Set-up/Break-down <input type="checkbox"/>     | Archivist <input type="checkbox"/>          |
| Registrar Team <input type="checkbox"/>             | Assistant Director <input type="checkbox"/>    | Logistics Coordinator <input type="checkbox"/> | Music Book <input type="checkbox"/>         |
| Treasurer/Bookeeper <input type="checkbox"/>        | Data Entry <input type="checkbox"/>            | Refreshments <input type="checkbox"/>          | Social Coordinator <input type="checkbox"/> |
| Sound / Tech <input type="checkbox"/>               | Web / Internet <input type="checkbox"/>        | Other <input type="checkbox"/>                 | _____                                       |
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I/We the Parents of the above named Singer hereby give my/our approval to participate in any and all parish choir activities. I/We also understand that I/We are required to assist the Music ministry in a support role in order to have an active, successful program. I/We will participate in the role(s) as indicated above and will also provide My/Our child(ren) with the necessary support from home so as to enable a positive Music Ministry experience.

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

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