

THE JERSEY CITY CHILDREN'S CHORUS REGISTRATION FORM

Child's Name _____ Date of Birth _____ Grade _____

Parent #1 Name _____ Home Phone _____

Address _____

Email Address _____ Cell Phone _____

Parent #2 Name _____ Home Phone _____

Address _____

Email Address _____ Cell Phone _____

Is your child taking private instrumental lessons?

<u>Instrument (circle)</u>	<u>When did lessons begin?</u>	<u>Years of study?</u>	<u>Currently studying?</u>	
piano	_____	_____	Yes	No
violin	_____	_____	Yes	No
recorder	_____	_____	Yes	No
other _____	_____	_____	Yes	No

Does your child read music? (Circle) Yes A little No Comment _____

Please describe any previous choral experience: _____

Please feel free to include any additional information about your child, such as musical experiences, learning styles, music program at school, etc.: _____

I would like to enroll my child in The Jersey City Children's Chorus. I have read and understood the Chorus Policies, and agree to their terms and conditions.

Parent Signature: _____ Date: _____