



CHILDREN'S CHOIR

ENROLLMENT FORM

2018-2019 TERM

STUDENT'S FULL NAME: _____

AGE: _____ DOB: _____ GRADE: _____ SCHOOL: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PARENT/GUARDIAN: _____

PREFERRED PHONE CONTACT NUMBER: _____

EMAIL ADDRESS: _____

PREFERRED METHOD(S) of CONTACT: phone text email

Any allergies, dietary restrictions, or other medical concerns your teacher should be aware of?

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN PRINTED NAME: _____

For more information email christianarts@mtolivelutheran.com or contact:

Katie Krause, Choir Director, 815-209-5845 katiekrause@mtolivelutheran.com

FOR OFFICE USE ONLY

_____ Fall enrollment fee paid (\$150)

_____ Spring enrollment fee paid (\$150)

_____ Materials fee paid (\$25)