

Summer Music and Programs Sign Up

Parents' or Adult's Name: _____

Phone Number: _____

Address: _____

Email: _____

Emergency Contact and number: _____

(if applicable)

Child's Name and grade entering: _____

(if applicable)

Child's Name and grade entering: _____

(if applicable)

Child's Name and grade entering: _____

Allergies or any additional information we should know? _____

Permission to use pictures in internal and external advertising (no names will be used in external advertising) ____ Yes

(if applicable)

While we hope and pray this never happens, there might be an incident where your child will need medical attention and we cannot reach you. In such a case, please sign the following:

If a parent or emergency contact person cannot be reached, I give the teachers of St. John's the authority to act in the best interest of my child, including seeking medical attention, should the situation warrant it.

Please Sign: _____

I am signing myself or my child up for:

☐ Summer Music Lessons (One day a week from June until August)

a. Please select a day and tell us what times you are available:

☐ Monday at St. John's Times available: _____

☐ Tuesday at Peace Times available: _____

☐ Wednesday at St. John's Times available: _____

Student _____

Lessons: (circle interest): Piano, Organ, Voice

Years of experience: _____ Need help finding lesson books? _____

Student _____

Lessons: (circle interest): Piano, Organ, Voice

Years of experience: _____ Need help finding lesson books? _____

Student _____

Lessons: (circle interest): Piano, Organ, Voice

Years of experience: _____ Need help finding lesson books? _____

☐ My child is interested in the play or skit production. Practice starts mid-July after fair week.

Child: _____

Child: _____

Child: _____

☐ Yes, I want to help with the sets, costumes, or in other ways as needed.