

Saint John the Baptist Catholic Church

502 Ford Street
Bridgeport, Pennsylvania 19405
215-247-1092
www.sjbbridgeport.org

Saint Cecilia Choir

Participant's Registration Form

FIRST NAME _____

LAST NAME _____

Any Nicknames? I.e. James = Jim or Jimmy

Street Address _____

Address line 2 _____

City _____ State _____ Zip Code _____

Email Address (optional) _____

Birthday _____

School Name _____ Home Schooled _____ (check here)

Grade as of September, 2018 _____

School Dismissal Time _____

List any music instruments studied and for how long

Additional information that may be helpful (allergies, schedule conflicts, medical needs (e.g. Diabetic))

Parent/Guardian Information

Parent 1 - First Name _____

Parent 1 - Last Name _____

Parent 1 - Phone Number(s) _____

Address different than participant(s)? Yes ___ No ___

Parent 1 - Email Address _____

Help Needed - Can you assist with any choir activities? Yes ___ No ___

Parent 2 - First Name _____

Parent 2 - Last Name _____

Parent 2 - Phone Number(s) _____

Address different than participant(s)? Yes ___ No ___

Parent 2 - Email Address _____

Parent 2 address different from Parent 1? Yes ___ No ___

Neighbor/ Caretaker - a third contact should we be unable to contact the above

Name _____

Contact number _____

Emergency Contact Information - This can be a trusted friend, the child's doctor or a relative.

Emergency Contact First Name _____

Emergency Contact Last Name _____

Relationship to participant(s) _____

Phone Number(s) _____

Please return this form to Chun@jwhallahan.com or St John the Baptist Catholic Church, 502 Ford Street, Bridgeport, PA 19405