

# Saint John the Baptist Catholic Church

502 Ford Street  
Bridgeport, Pennsylvania 19405  
215-247-1092  
[www.sjbbridgeport.org](http://www.sjbbridgeport.org)

## Saint Cecelia 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](mailto:Chun@jwhallahan.com) or St John the Baptist Catholic Church, 502 Ford Street, Bridgeport, PA 19405**