

**St. Andrew Apostle School
Children's Choir Registration Form
2016-2017 School Year**

Student Information

Last Name: _____ **First Name:** _____

Additional names of family members joining the choir: (Grades 3-8 only)

1. _____

2. _____

3. _____

4. _____

Parent Name: _____

E-mail address: _____

Phone: _____

Please sign below indicating that you have read the expectations and requirements of the Children's Choir for the 2016-2017 school year. Remember, all choir members are required to attend the once a month Sunday Parish Mass and will be excused for only three of the Masses. Please include a check made payable to St. Andrew Apostle for \$10 per family to cover the cost of music, paper, binders and other materials.

Parent Signature: _____ **Date:** _____

LET'S MAKE A JOYFUL NOISE UNTO THE LORD!