

# Angel Choir Registration Form

Thank you for making the Angel Choir a part of your child's life at St. Timothy's.  
Weekly attendance is important in building a group of responsible choristers!

Chorister's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Parent/Guardian's Name(s): \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Are you able to serve as a parent volunteer on a rotation? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, how many time per month? \_\_\_\_\_

Are you able to provide carpool assistance within your area? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there any additional information (ie. food allergies, disabilities) that might be useful in making this a positive experience for your child?

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