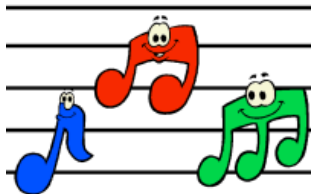
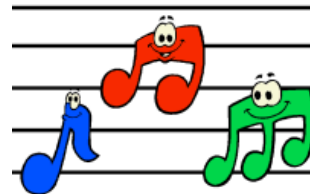


Coral Gables Congregational Church

United Church of Christ



Children's Choir Membership Information



PLEASE PRINT AND BRING WITH YOU TO REHEARSAL

My child is participating in the Agapé / Cherub Choir.

Student's Name: _____

Parents: _____

Address: _____

Phone (h): _____

City: _____ Zip: _____

Phone (w): _____

E-mail: _____

Phone (c): _____

Date of Birth: ____/____/____
M / D / Year

Age: (as of Sept. 1, 2007): _____

Church Membership: CGCC: _____ Other: _____ None: _____

Grade in School: _____ T-Shirt Size: _____ Height: (for Choir Robe) _____

Instruments Played: (if any) _____

****PARENTS****

Areas of Service: (Check ALL that interest you)

- Choir Parent (Arrange Refreshments)
- Phone Tree / Emails
- Set Design
- Costume Assistant

- Choir Teacher's Aide (Rehearsals)
- Fund Raising
- Choir Robe Maintenance
- Instrumentalist

Please send me additional information regarding the following:

CGCC Music Ministries

- ___ Chancel Choir
- ___ Handbell Choir (Adult)
- ___ Library / Music Filing
- ___ Volunteer

CGCC Community Arts Program (CAP)

- ___ Young Musicians' Orchestra (YMO)
- ___ Conservatory for the Arts
- ___ Summer Concert Series
- ___ Volunteer
- ___ Donor

Open and Affirming (ONA)



United Church of Christ

3010 De Soto Boulevard, Coral Gables, FL 33134
Telephone: (305) 448-7421 Facsimile: (305) 441-1836
www.coralgablescongregational.org



Coral Gables Congregational Church
United Church of Christ

Children & Youth Choir
EMERGENCY CONTACT INFORMATION

PLEASE PRINT AND BRING WITH YOU TO REHEARSAL

In case of emergency, contact the following individuals:

Name: _____ Home phone: _____

Relationship to child: _____ Cell phone: _____

Name: _____ Home phone: _____

Relationship to child: _____ Cell phone: _____

Name of Health Insurance Company: _____

Policy Number: _____

I authorize medical treatment for my child in case of accident or illness, if parent cannot be located or an emergency situation should arise.

AUTHORIZED PICK-UP

Who can pick-up this child?

Mother: Yes / No

Father: Yes / No

**Note: We CANNOT forbid any parent access to their child without a Court Order.*

The following individuals are authorized to pick-up my child:

**Note: Siblings under 18 years of age CANNOT sign-in or sign-out children.*

Name: _____ Home phone: _____

Relationship to child: _____ Cell phone: _____

Address: _____

Name: _____ Home phone: _____

Relationship to child: _____ Cell phone: _____

Address: _____

Name: _____ Home phone: _____

Relationship to child: _____ Cell phone: _____

Address: _____

**Note: We reserve the right to refuse anyone access to your child whose name is not listed.*

Parent's Signature: _____ Date: _____

Please print: _____