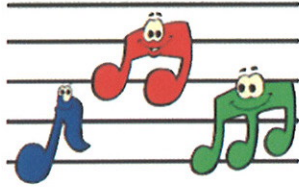
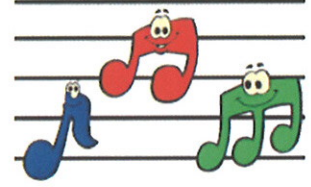


# Coral Gables Congregational Church

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:      /      /      Age: \_\_\_\_\_  
                  M / D / Year

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)

- |  |  |
|--|--|
| <input type="checkbox"/> Choir Parent (Arrange Refreshments) | <input type="checkbox"/> Choir Teacher's Aide (Rehearsals) |
| <input type="checkbox"/> Phone Tree / Emails                 | <input type="checkbox"/> Fund Raising                      |
| <input type="checkbox"/> Set Design                          | <input type="checkbox"/> Choir Robe Maintenance            |
| <input type="checkbox"/> Costume Assistant                   | <input type="checkbox"/> 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](http://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: \_\_\_\_\_