

**Christ Church Cathedral
Boys and Girls Choir Enrollment
September 2010 - May 2011**

COMPLETE BOTH PAGES AND MAIL/DELIVER TO:
DR. STEPHAN CASURELLA, DIRECTOR OF MUSIC, CHRIST CHURCH CATHEDRAL,
318 EAST FOURTH STREET, CINCINNATI OH 45202.

PLEASE PRINT

CHILD'S NAME _____

 FIRST LAST LIKES TO BE CALLED
DATE OF BIRTH ____ / ____ / _____ FEMALE____ MALE____
 MONTH DAY YEAR

ADDRESS DURING SCHOOL YEAR _____

PHONE AT THIS ADDRESS WITH AREA CODE _____

CHILD'S EMAIL _____

NAME OF PARENT OR LEGAL GUARDIAN _____

PARENT/GUARDIAN'S EMAIL _____

PARENT OR GUARDIAN'S PHONE NUMBERS WITH AREA CODE

HOME

WORK

CELL

LIST ANY ALTERNATE EMERGENCY CONTACT NAME AND NUMBER:

MEDICAL INFORMATION (SIGNATURE REQUIRED)

CHILD'S NAME _____

PLEASE LIST ANY SPECIAL MEDICAL CONDITIONS, DIETARY NEEDS OR FOOD ALLERGIES WE SHOULD KNOW ABOUT. *IF NONE, WRITE "NONE."* THIS INFORMATION WILL BE KEPT CONFIDENTIAL, BUT FOR YOUR CHILD'S SAFETY, WE NEED TO KNOW ANY PRESCRIPTIONS YOUR CHILD MAY BE TAKING, SO WE CAN FULLY INFORM EMERGENCY PERSONNEL.

I HEREBY GIVE MY AUTHORIZATION AND CONSENT FOR THE RENDERING TO MY CHILD, BY A LICENSED PHYSICIAN OR PHYSICIANS, OF SUCH MEDICAL SERVICES AND TREATMENT AS MAY BECOME NECESSARY IN A MEDICAL EMERGENCY. SUCH CONSENT AND AUTHORIZATION SHALL INCLUDE ALSO THE COOPERATION AND ASSISTANCE OF NURSES, TECHNICIANS, ASSISTANTS, OTHER PHYSICIANS AND ANY QUALIFIED MEDICAL PERSONNEL WORKING UNDER THE SUPERVISION OF LICENSED PHYSICIANS.

PARENT OR LEGAL GUARDIAN

DATE

PHOTO INFORMATION (SIGNATURE REQUIRED)

PLEASE TELL US IF WE HAVE YOUR PERMISSION TO PUBLISH A PHOTO OF YOUR CHILD IN CHOIR ACTIVITIES. PHOTOS MIGHT BE USED ON OUR WEBSITE, IN A NEWSLETTER OR IN A FLYER. CHECK ONE:

I GIVE PERMISSION FOR A PHOTO OF MY CHILD TO BE PUBLISHED AS DESCRIBED ABOVE.

I DO NOT GIVE PERMISSION FOR A PHOTO OF MY CHILD TO BE PUBLISHED.

PARENT OR LEGAL GUARDIAN

DATE