

# 'Scale the Heights: Echo our Joy!'



**CAROL CHOIR '11-'12**  
(Grades 1-2) - Room 21  
Wednesdays 5:45-6:45pm

Child's Name: \_\_\_\_\_

Birth date: (mm/dd/yyyy) \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ T-shirt size: \_\_\_\_

School child attends: \_\_\_\_\_

School Music Teacher: \_\_\_\_\_

Does your child study a musical instrument? Yes \_\_\_\_\_ (instrument/how long?) No

Does your child read music? Yes No

Parent/Partner/Guardian Names:

\_\_\_\_\_ Phones: (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

\_\_\_\_\_ Phones: (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emails: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_

Please share any information that would be helpful in working with your child.  
(allergies, health or developmental concerns, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Check if you would be able/willing to help:

\_\_\_\_\_ Assign robes (soon after choir begins in the fall)

\_\_\_\_\_ Robe and sit with children when they sing in worship

Signature: \_\_\_\_\_