



# PSP Cherubs Music Program ♦ Registration Form ♦ Spring 2024

1<sup>st</sup> Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

2<sup>nd</sup> Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

3<sup>rd</sup> Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

For any child in K, please circle preferred section (PS-K @9:30 OR K - 2<sup>nd</sup> grade @10:30)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Phone:(c) \_\_\_\_\_

Email: \_\_\_\_\_ Virtus? Y/N\_\_\_\_; Date \_\_\_\_\_

Additional phone or email: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Phone:(c) \_\_\_\_\_

Email: \_\_\_\_\_ Virtus? Y/N\_\_\_\_; Date \_\_\_\_\_

Additional phone or email: \_\_\_\_\_

**PLEASE CIRCLE BEST EMAIL and BEST PHONE # ABOVE**

Person(s), other than parent, that child can be released to: \_\_\_\_\_

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Emergency Contacts (in case parents/guardians cannot be reached):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Allergies, sensitivities, medical/mental health issues or other info we need to be aware of:

\_\_\_\_\_

\_\_\_\_\_

- I give Padre Serra Music Ministry Leaders permission to seek emergency medical assistance for my child if a parent cannot be reached.

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

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

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My child has permission to participate in Cherubs Music Ministry. I understand that photos or videos may be taken by the ministry leaders, and they may be used on the church website or literature.

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_