

Angel Choir Permission Form

Every child needs a signed permission form in order to participate.

Have questions? Please call us at 301-681-7663 ext 104 or email us at sjemusic@sjeparish.org

My son/daughter, (preferred name) _____, has my permission to be a member of the Angel Choir.

I agree to arrange for my child to be present at practice every week. Parent volunteers are needed and appreciated.

Student Information:

Student's name (Please print): _____

Student's DOB _____

Grade(circle one): 2nd 3rd 4th 5th 6th 7th 8th

Parent / Volunteer Information:

Parent Name (Please Print): _____

Home Phone #: _____

Cell Phone #: _____

Email Address: _____

Emergency Contact and phone #: (Contact) _____ (Phone) _____

(Parent/Guardian Signature)

(Date)