



**Olivet Congregational Youth Music Program
Student Registration September 2021**

NAME: _____

Birthday: _____ Age: _____ Grade: _____

Food Allergies: _____

Instruments studied: _____

Parents' Names: _____

Home Address: _____

City and Zip Code: _____

Cell Phone(s): _____

Is texting available on cell phone? _____

Work Phone(s): _____

Email(s): _____

Would you like your child to wear a mask for the choral part of the class? Yes__ No__

Would you like your child to wear a mask for all class time (except snack)? Yes__ No__

May the church use a group photo that your child is in (no names listed) on facebook, on the church website, or on a bulletin board? Yes__ No__

Please return completed form to the church office by Sept 8th or bring to the first class attended.