

STREAM CHILDREN'S CHOIR MEMBER APPLICATION FORM

Singer Name _____ Date of Birth _____ Age ____ Gender: M / F

Parent/Guardian Information:

Parent/Guardian 1 _____
First Last Email

Phone (Home) _____ Work _____ Cell _____

Home Address _____ City _____ Zip _____

Email Address: _____

Ok to Contact? Yes No

Call Text Email

Parent/Guardian 2 _____
First Last Email

Phone (Home) _____ Work _____ Cell _____

Home Address _____ City _____ Zip _____

Email Address: _____

Ok to Contact? Yes No

Call Text Email

Emergency Contact Information

In case of an emergency situation I will first be contacting the parents. If the parents cannot be reached it is ok to contact: (NOTE: If no one will be reached we will contact 911)

Name: _____ Phone Number: _____

Relationship to child: _____ Age: _____

Known Allergies: _____

Health Condition that I should keep in mind: _____

**Return application form and \$15.00 to Kseniya Golovchenko
(This money is used for children activities through the year.)**

Cell: (916) 710-0979.