



Greater Manassas Children's Choir Registration Information – 2024/2025

****PLEASE PRINT CLEARLY****

FILL OUT BOTH SIDES

Today's Date: _____

**Please include all children on same form.*

SINGER #1	Please Circle One:	Older Choir	Younger Choir	Kinder Choir
Singer's Name: _____				
School/Homeschool Network: _____			Current Grade: _____	
Singer's Birthday (Month/Day/Year): _____		Shirt Size: _____	Circle One: Youth Adult	

SINGER #2	Please Circle One:	Older Choir	Younger Choir	Kinder Choir
Singer's Name: _____				
School/Homeschool Network: _____			Current Grade: _____	
Singer's Birthday (Month/Day/Year): _____		Shirt Size: _____	Circle One: Youth Adult	

SINGER #3	Please Circle One:	Older Choir	Younger Choir	Kinder Choir
Singer's Name: _____				
School/Homeschool Network: _____			Current Grade: _____	
Singer's Birthday (Month/Day/Year): _____		Shirt Size: _____	Circle One: Youth Adult	

SINGER #4	Please Circle One:	Older Choir	Younger Choir	Kinder Choir
Singer's Name: _____				
School/Homeschool Network: _____			Current Grade: _____	
Singer's Birthday (Month/Day/Year): _____		Shirt Size: _____	Circle One: Youth Adult	

SINGER #5	Please Circle One:	Older Choir	Younger Choir	Kinder Choir
Singer's Name: _____				
School/Homeschool Network: _____			Current Grade: _____	
Singer's Birthday (Month/Day/Year): _____		Shirt Size: _____	Circle One: Youth Adult	

Parent/Guardian Name(s) (Please list all): _____

Parent Email Address(es) (PLEASE PRINT CLEARLY – so important):

(*Primary Email) _____ Parent/Guardian Name: _____

(Secondary Email, if any) _____ Parent/Guardian Name: _____

Home Street Address: _____

City: _____ State: _____ Zip Code: _____

******Continued on other side******

Home Phone Number: _____

Parent Cell Phone Number(s): _____ *(Name w/Number)*

_____ *(Name w/Number)*

Phone Number during Rehearsal if there is an Emergency (list below if different than above, if same, please indicate):

_____ *(Name w/Number)*

Please list any/all Allergies (if none, please indicate N/A): _____

_____ *(Singer Name w/Allergy)*

Is student(s) familiar with Zoom? (Asked only as a contingency) CIRCLE ONE: Yes No

Would you like to receive an invite to the GMCC Private Facebook Group? CIRCLE ONE: Yes No

If yes, what is your Facebook profile name?: _____

Special Instructions or Comments: _____

**Thank you for updating your information for the new year!
Please return to Tamara Halstead, Director of Operations, GMCC**