



Voices of Praise

2nd Grade to 7th Grade

Membership Form

Child's name (First/Last): _____ Grade: _____ Age: _____

Date of Birth (mm/dd/year): _____ Gender: boy / girl Attend BACBC Sunday School: Yes / No

Father's Name: _____ Cell Phone: _____ Email Address: _____

Mother's Name: _____ Cell Phone: _____ Email Address: _____

Home Address/City/Zip Code: _____

EMERGENCY CONTACTS:

1. Name (First/Last): _____ Phone #: _____ Relationship: _____

2. Name (First/Last): _____ Phone #: _____ Relationship: _____

Music Experiences:

Choir for _____ (years)

Piano for _____ (years); Level _____

Violin for _____ (years); Level _____

Flute for _____ (years); Level _____

Other Music Instruments _____ (Instrument) for _____ (years)

Any medical consideration or food allergies: _____

NOTE:

Voices of Praise (Sept to May): Every 1st & 3rd Sunday (10:45 am – 11:15 am) plus additional rehearsal if needed.

For Office Use:

Date Received _____ Accepted by _____

Comment: _____