

**FIRST PRESBYTERIAN CHURCH
20 Kings Highway East
Haddonfield, NJ 08033**

CHOIR ENROLLMENT FORM

Choir Member's Name _____ Date of Birth _____

Grade _____ School _____

Address _____

Parent/Guardian Name(s) _____ Parent Email _____

Home Phone _____ Parent Cell Phone _____

Student Email (if applicable) _____ Student Cell Phone _____

Church Membership: _____ First Presbyterian, Haddonfield _____ Other: _____ No Affiliation

Choir _____ Does your child attend Sunday School? _____

Medical Authorization Signature (see below) _____

Photo Authorization Signature (see below) _____

Medical Authorization:

I authorize the Church staff to take whatever EMERGENCY medical treatment measures are deemed necessary for the protection of my child while she/he is in their car. I understand this authorization includes transporting my child to a hospital without first obtaining my consent. (Sign above.)

Allergies:

My child has the following allergies or sensitivities:

Use of Photo Consent:

I give First Presbyterian Church of Haddonfield permission to display my child's photo on church bulletin boards, newsletters, brochures, newspapers, or on the church website. (Sign above.)