



YOUR WONDERFUL CHILD

Please take a few moments to complete this form and **return at the first rehearsal.**
Your comments will be held in confidence and allow me to better work with your child!

My child's name _____

Nickname/prefers to be called _____

My child's birthday _____

My child has other experience singing or plays a musical instrument(s) and/or takes dance/baton/ gymnastics, etc. (please name all):

Your Child's T-Shirt/Golf Shirt Size:

Children XS _____ S _____ M _____ L _____ XL _____
Adult XS _____ S _____ M _____ L _____ XL _____ XXL _____

Best way for your child to practice music: CD ____ **Online** ____

I would like you to know.... _____

(please feel free to use the back of the page)

PARENT NAME