

**Errington Hall Children's Choir**

Directors: Alison Shaw and Bonnie Fontaine

**Ages 5-12**

**Tuesdays 3:30 - 4:30 p.m.**

**September 16, 23, 30, October 7, 14, 21, 28,**

**November 4, 11, 18, 25, December 2, 9, 16.**

**\$140.00 for 14 sessions.**

**Errington Hall – Old Fire Hall**

Name of child: \_\_\_\_\_

Birth date: \_\_\_\_\_

**Full name of Parent/Guardian:**

1) \_\_\_\_\_

**Phone**

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**Full name of Parent/Guardian:**

2) \_\_\_\_\_

**Phone**

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**Name and ages of siblings (optional):**

\_\_\_\_\_

**Emergency Contacts:**

1) Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

2) Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Your child will only be released to their parent/legal guardian or persons authorized below:**

**Persons authorized to pick up child:**

	<b>Name:</b>	<b>Relationship:</b>	<b>Phone number:</b>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____

**Persons NOT authorized to pick up child:**

1) \_\_\_\_\_  
2) \_\_\_\_\_

**Care Card Number:** \_\_\_\_\_

**Doctor name:** \_\_\_\_\_ **Phone number** \_\_\_\_\_

**Does your child have any allergies?**

**(Environmental, food, medication, etc.) Yes / No** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Special instructions concerning Care, Medication, Diet: Yes / No** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Is there anything else about your child that would be beneficial for us to know during our time together in choir?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Release of Liability**

Accidents can be the result of the nature of the activity and can occur with or without any fault on either part of the child, Studio 29 Academy of Music or its employees or volunteers, or the faculty or employees where the activity is taking place.

By allowing my child to participate in this activity, I am accepting the risk of an accident occurring and agree that this activity as noted above, is suitable for my child.

Signature of Parent / Guardian: \_\_\_\_\_

### **Photography Release**

I consent to the use of photographs, in which my child appears, to be used by Studio 29 Academy of Music for record keeping, documentation and promotion.

Yes / No

Signature of Parent / Guardian: \_\_\_\_\_

I consent to photos of my child appearing on social media (Studio 29 Academy of Music Facebook page) or for advertising.

Yes / No

Signature of Parent / Guardian: \_\_\_\_\_

**Errington Children's Choir will be performing at the Errington Hall on  
December 20<sup>th</sup>, 2025.**