

Phone Number:

Welcome to Joyful Noise! We're excited that your child is interested in joining our choir. Please fill out this form completely to ensure we have all the necessary information to provide a safe and enjoyable experience for your child.

	Year Level:
	Date of Birth (DD/MM/YYYY):
Daron	t/Guardian Information
	ent/Guardian's Full Name:
	Phone Number:
	Home Address:
	Email Address:
•	pency Contacts (Please provide details of two different contacts other than rent/guardian listed above.)  Emergency Contact 1  Name:
	Relationship to Child:

	•	name:			
	•	Relationship to Chi	ld:		
	•	Phone Number:			
Health a		ional Information s (if any):			
	Health (	Conditions (if any):			
Behaviou	Please	arning Difficulties (if a provide any information eir time in the choir.		s better support your c	:hild
• • •	I hereby the best I unders of any c	of my knowledge. tand that I am respon hanges in my child's I onsent for St Luke's to	nsible for updating health or emergen	s accurate and complet Joyful Noise Children's cy contact information. child's image on digita	s Cho
Parent/G	uardian S	Signature:		Date:	
-				urn this form to St Luke	
Received	r Use Onl d by: nts/Notes:	у	Date:	Invoice ser	nt:

Emergency Contact 2