

2011-2012 St. Matthew's Lutheran Church

GODSBELLS REGISTRATION FORM



Handchimes

Dear Parents,

Please complete the information below and return it to the church office, e-mail back or send with your child to **chime choir** on Tuesday, **SEPTEMBER 13**.

Thank you for the opportunity to share the gift of music with your child!

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Contact Phone Numbers: \_\_\_\_\_

Contact E-Mail Address: \_\_\_\_\_

Name of School/City: \_\_\_\_\_

Years of piano lessons: \_\_\_\_\_

Other instrument(s) student plays: \_\_\_\_\_ Years played: \_\_\_\_\_

Are there any things that I should know about your child which will help me to know him or her better? Anything which might help him or her in this setting?

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

Please return to Jeff Reeves, the office, E-mail, or bring to chime rehearsal.

Thanks!