

Fall 2018 St. Matthew's Lutheran Church
GODSBELLS REGISTRATION FORM



Handchimes

Dear Parents,

Please complete the information below and return it to Jeff Reeves via email by **Tuesday, SEPTEMBER 4, 2018**.

1. Click the **SAVE AS** button. 2. Save the file with your name in it. 3. E-mail the file to: jreeveswk@yahoo.com

Thanks 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 E-mail to Jeff Reeves at: jreeveswk@yahoo.com

Click the **SAVE AS** button 