



Registration

Dear parents,

Please fill out this form and send it to us so that our adult leaders will have a way to contact you regarding rehearsal times, performances, and in case of an emergency.

Child's Name: _____

Birthday and Age: _____

School and Grade: _____

Parents' Names: _____

Mailing Address: _____

Email Address: _____

Phone Numbers

Mobile: _____

Home: _____

Is there anything special that we need to know about your child? Allergies, sickness, fears, mental health, etc.?

If you have any questions or concerns,
please contact Jonathan Beal at 828-754-4922, ext. 17
or email jbeal@fumc-lenoir.com
