Revised 5/16/25

Mt. Sophia Academy Elementary Choir
2025/2026 Registration
Grades 1 to 4
Cost: $75 per semester
Monday evening, Evangelical Presbyterian Church 6:30-7:45

Student's Name: _____ Grade: _____ Birth Date: _____

Parent's Names: _____

Address: _____

_____

Phone Numbers: Home _____ Parent Cell _____

Parent email _____

I hereby give permission for (name)_____to attend the Mt. Sophia Elementary Choir for the school year 2025-2026. I assume full responsibility for him/her while in attendance. By doing so, I release Mt. Sophia Academy, Mt. Sophia Elementary Choir, the Choir Director, Accompanist, Manager, and Evangelical Presbyterian Church from any liability for injuries incurred by my son/daughter. . I understand that in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the leaders of the Choir to secure the services of a licensed physician to provide the care necessary for my child's well-being.

Signed: _____ Date: _____

Emergency Name and Phone Number: _____
(In the event a parent cannot be reached)

Please list any medical conditions, allergies, medications being taken, or other pertinent information (attach additional sheet if more space is needed):

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OFFICE USE ONLY:

Fall

Registration

Cash/Check # Date Amount:

Spring

Registration

Cash/Check # Date Amount: