Revised 6/1/26

Mt. Sophia Academy Elementary Choir
2026/2027 Registration
Grades 1 to 4
Cost: $80 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 2026-2027. 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.

Does your child carry any rescue medications on them? If so where would the medication be located? Can it be self-administered? When was the last time the rescue medication was used. Please attach instructions for a rescue plan.

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OFFICE USE ONLY:
Fall
Registration
Cash/Check # Date Amount:

Spring
Registration
Cash/Check # Date Amount: