



Please fill in this form here online. Then download your filled-in form to your computer, save it and either print it out and return it to our Music Director, Beth Jurovcik in person, or attach the printed form file in an email to music@stfrancisyulee.org

Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: _____ Husband's Cell: _____ Wife's Cell: _____

Email: _____

1st Child's Name: _____ Birth Date: _____ Grade: _____

2nd Child's Name: _____ Birth Date: _____ Grade: _____

3rd Child's Name: _____ Birth Date: _____ Grade: _____

4th Child's Name: _____ Birth Date: _____ Grade: _____

Check the musical groups you would be interested or are involved in. For families, please list the names of children and each activity in which there is an interest.

	Name	Name	Name	Name
Saturday 4 pm Mass - Saturday Choir (Grade 8 - Adults)				
Sunday 8 am Mass - Small Ensemble Choir				
Sunday 9:30 am - Family Mass (Children/Youth/Adults)				
Sunday 10:35 am Children/Youth Choir Rehearsal (Grades 1 -12)				
Instrumental Ensemble/Orchestra				
Accompanist: Mass and/or Rehearsals				
Other: _____				

Please Enter Names For Voice Parts

Soprano	Alto	Tenor	Bass	Would you like to sing a solo or duet at mass?		Instrument(s) Played: How many years?	Would you like to play in church?	
				YES	NO		YES	NO

Check if you would like to help with any of the following:

- Be a choir parent
- Available during rehearsals
- Help with accompanying
- Help direct children's groups
- Can Provide Snacks
- Help file music
- Help with parties
- Help as needed!!!

Food Allergies

On occasion, the Music and Worship Arts Ministry may provide snacks for your child. Please list any foods that we may **NOT** give your child.

**Optional: Permission for Photographs
Photographs for Music & Worship Arts and Parish Use**

I give St. Francis of Assisi permission to use, without compensation, any audio/video and photographs taken of my child during the Music & Worship Arts Program for the purposes of activities within the child’s Music & Worship Arts Program (e.g. singing, playing an instrument and the like) and promotion of the Music & Worship Arts Program within the Parish.

Parent’s Signature

Photographs for use outside the Parish:

From time to time, publicity release for newspapers, television, and other media may be prepared about events occurring at the Parish. These may or may not be accompanied by photos or videos of students. Without compensation, I hereby grant permission to the Catholic Diocese of St. Augustine to use and reproduce photographs or videos taken of my child. These photographs may be used for news and editorial purposes in the publication and other electronic reproductions (websites, video, and/or brochures). In addition, I grant my permission to alter the same photos without restriction and to copyright the same. I hereby release the photographer, the journalist and the publications or media outlets they represent, as well as, the parish/church and/or school involved, the Bishop of the Diocese of St. Augustine and all of their employees and agents, from all claims and liability relating to said photographs or video.

Parent’s Signature

Additional Student Information

Please include below, any other information you would like to share with us about your child that you believe may be important for us to know.

Date Signed: _____