

The Table



*Feed Your Body
Feed Your Soul*

Faith For Life

**Littlest Angels - Preschool Choir
Preschool Registration**

**Wednesday Evenings 6:15-6:45pm
September 14th—November 16th**

Name and age:

Child 1 _____ Age _____

Child 2 _____ Age _____

Child 3 _____ Age _____

Birth date:

_____ / _____ / _____
Child 1 Child 2 Child 3

Street address _____

City: _____ **Zip** _____

Parent/ Guardian names _____

Mother/guardian

Home telephone (____) _____ **Cell phone** (____) _____

Father/guardian

Home telephone (____) _____ **Cell phone** (____) _____

Email _____

Emergency contact _____ **phone** _____

Allergies or other medical conditions _____

Parents, please indicate 2 (or more) dates where you are willing to assist during the fall:

- | | | |
|---------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> September 14 | <input type="checkbox"/> October 5 | <input type="checkbox"/> November 2 |
| <input type="checkbox"/> September 21 | <input type="checkbox"/> October 12 | <input type="checkbox"/> November 9 |
| <input type="checkbox"/> September 28 | <input type="checkbox"/> October 19 | <input type="checkbox"/> November 16 |
| | <input type="checkbox"/> October 26 | |