



Jubilate Enrollment Form Incarnation Music Ministry

Child's Name: _____

Grade: _____ School: _____

Parent's Name: _____

Parent's Email: _____

Parent's Phone: _____

Address: _____

Emergency Name: _____

Emergency Phone: _____

Relevant Allergies and Health Concerns: _____

Check all that apply: _____ Coming from REP Class _____ Going to REP Class

Notes: _____

I give permission for my child, _____, to participate in Jubilate at Incarnation Parish. I have read the accompanying Jubilate Parent Information sheet and discussed it with my child. We agree to abide by the stated policies. I understand that food may occasionally be involved and have informed the Director of relevant health concerns as described above.

Parent Signature: _____