

MUSIC & WORSHIP ARTS QUESTIONNAIRE 2017 – 2018

Please return to the Parish Office or to Beth Jurovcik, Director of Music Ministry

Name:							
Address:			City:		State	ZIP:	
Home Phone: Husband's Cell:					Wife's Cell: _		
Email:							
1 st Child's Name:		Birt	th Date:		Grade: _		
2 nd Child's Name:			Birth Date:			Grade:	
3 rd Child's Name: Birth Date:							
children and eac	al groups you wo h activity in whic	h there is an	interest.		amilies, please l	ist the names of	
Saturday Night Choir (4 pm Mass) (High School – Adults)							
Sunday 8 am Ensemble for Mass Sunday 8:30 am Ensemble (Chair (Family Mass)							
Sunday 9:30 am Ensemble/Choir (Family Mass)							
Elementary – High School (vocal or instrument) Ladies' Ensemble							
Men's Ense							
•	matic Reading)						
•	ving or Painting)						
Signing for	Mass (Sign Langua	age)					
Accompanis Other:	st: Mass	And/Or	Rehears				
Check One:	Soprano	Alto	Tenor	Bass			
Would you like t	o sing a solo or d	uet at Mass?	Yes	No			
Instrument(s) p	layed:						
How many years?			Would you like to play in church? Yes No				
Check if you wou	uld like to help wi	th any of the	following:				
Be a choir parent			direct child	dren's groups	Help with pa	Help with parties	
Available during rehearsals Ca			Send Snack	S	Help as need	led!!!	
Help with	accompanying	Help	file music				

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 and Videos Photographs and/or Videos for Music & Worship Arts and Parish Use

I give St. Francis of Assisi permission to use, without compensation, any audio/video, photographs and/or videos 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 and Videos for Use Outside the Parish:

From time to time, publicity release for newspapers, television, and other media may be prepared about event occurring at the Parish. These may or may not be accompanied by photos and/or videos of students. Without compensation, I hereby grant permission to the Catholic Diocese of St. Augustine to use and reproduce photographs and/or videos taken of my child. These photographs and/or videos may be used for news and editorial purpose in the publication and other electronic reproductions (websites, video, and/or brochures). In addition, I grant my permission to alter the same photos and/or videos 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 employee and agents, from all claims and liability relating to said photographs and/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: _____