

ChildrenSong of New Jersey, Inc.

P.O. Box 134 Haddonfield, NJ 08033 (856) 216-1140 Polly Murray, Artistic Director

Application for New Members

Today's Date:				
Singer's Name:	Age:		Grade:	
Address:		Birth Da	nte:	 -
City:	_ State:	Zip:		 _
Telephone: ()	_			
School:	_ Parent Ema	il:		 -
Music Teacher(s) and school affiliation:				 -
How were you referred to us? Word of Mouth ChildrenSong Chorister (Who? School Newspaper Teacher Other:)		
Parent Information: Names of Parent(s)/Guardian(s):				
May we add you to our email announcement (solely for director/parent communication a				
Occupation/Employer: (mother) Occupation/Employer: (father) Would your child be able to attend Monday Would your child be able to attend monthly If your child is involved in "extra curricular	evening rehear Saturday mor	nrsals? Ye	s No arsals? Yes	
Please list any special interests or skills you graphic design, bookkeeping, Public Relation				s (fundraising,
Placement: Prelude Allegro	Concert			