

Parent / Guardian / Emergency Contact:

Circle one: Parent Guardian

Last Name _____ First Name(s) _____
Address _____ City _____ State ___ Zip _____
E-mail address _____
Home Phone () _____
Work Phone () _____
Cell Phone () _____

Child / Children's Information:

First child:

Last Name _____ First Name _____ MI _____
Date of Birth ___/___/___ Age___(as of 9/1/14) Grade___(as of 9/1/14) School _____
Sex: Male Female Parent/Guardian Email Address: _____
Please list any special needs, allergies or custodial issues of which we should be aware:

Second child:

Last Name _____ First Name _____ MI _____
Date of Birth ___/___/___ Age___(as of 9/1/14) Grade___(as of 9/1/14) School _____
Sex: Male Female Parent/Guardian Email Address: _____
Please list any special needs, allergies or custodial issues of which we should be aware:

Third child:

Last Name _____ First Name _____ MI _____
Date of Birth ___/___/___ Age___(as of 9/1/14) Grade___(as of 9/1/14) School _____
Sex: Male Female Parent/Guardian Email Address: _____
Please list any special needs, allergies or custodial issues of which we should be aware:

Fourth child:

Last Name _____ First Name _____ MI _____
Date of Birth ___/___/___ Age___(as of 9/1/14) Grade___(as of 9/1/14) School _____
Sex: Male Female Parent/Guardian Email Address: _____
Please list any special needs, allergies or custodial issues of which we should be aware:

Fifth child:

Last Name _____ First Name _____ MI _____
Date of Birth ___/___/___ Age___(as of 9/1/14) Grade___(as of 9/1/14) School _____
Sex: Male Female Parent/Guardian Email Address: _____
Please list any special needs, allergies or custodial issues of which we should be aware:

Additional Information:

I am interested in learning about ways I can support ECC Kids' Ministries: **Yes / No**

Occasionally, we may take photographs of the children in our program. We may use these images on our website, during services, and for printed publications. Names of minors are never posted. May we use your child's photograph on our website, during services and/or in our printed materials? **Yes / No**

Who will be responsible for picking up your child/ren from class? _____
(parent or guardian or other by prior arrangement)

Note: Children must be checked in and picked up via the nametag/parent card system by a designated adult.

I hereby request that you accept the application for enrollment of the child/ren listed on this application in the Sunday morning program at Emmanuel Covenant Church 2014-2015. I hereby authorize the Sunday morning leadership to act for me according to their best judgment in any emergency requiring medical attention in the event that I cannot be reached.

Parent/Guardian Signature

Date

Thank you for enrolling your child in our programs. If you have questions please email kids@emmanuelcovenant.com.

Please return completed registration forms to the Kid's Registration Table or mail them to:

**Emmanuel Covenant Church
513 Tanglewood Drive
Shoreview, MN 55126**