

Parent / Guardian / Emergency Contact:

Check 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 9/1/10) Grade ____ (as of 9/1/11) 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 9/1/10) Grade ____ (as of 9/1/11) 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 9/1/10) Grade ____ (as of 9/1/11) 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 9/1/10) Grade ____ (as of 9/1/11) School _____

Sex: Male Female Parent/Guardian Email Address: _____

Please list any special needs, allergies or custodial issues of which we should be aware:

Children’s Information Continued:

Fifth child: Last Name _____ First Name _____ MI _____

Date of Birth ___/___/___ Age ___(as of 9/1/10) Grade ___(as of 9/1/11) 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 2011-2012. 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**