

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 () _____

Send mailings to (if different than above): Address _____

City _____ State _____ Zip _____

Child / Children's Information:

First child: Last Name _____ First Name _____ Middle Initial _____

Date of Birth ___/___/___ Age ___ (as of 9/1/10) Grade ___ (as of 9/1/10)

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 _____ Middle Initial _____

Date of Birth ___/___/___ Age ___ (as of 9/1/10) Grade ___ (as of 9/1/10)

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 _____ Middle Initial _____

Date of Birth ___/___/___ Age ___ (as of 9/1/10) Grade ___ (as of 9/1/10)

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:

Fourth child: Last Name _____ First Name _____ Middle Initial _____
 Date of Birth ___/___/___ Age ___ (as of 9/1/10) Grade ___ (as of 9/1/10)
 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 _____ Middle Initial _____
 Date of Birth ___/___/___ Age ___ (as of 9/1/10) Grade ___ (as of 9/1/10)
 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

Who will be responsible for picking up child 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 2010-2011. 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 Children’s Ministries registration tables or mail them to:

Emmanuel Covenant Church
 P.O. Box
 Roseville, MN 55113