



**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 9/1/15) Grade \_\_\_ (as of 9/1/15) 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 9/1/15) Grade \_\_\_ (as of 9/1/15) 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 9/1/15) Grade \_\_\_ (as of 9/1/15) 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 9/1/15) Grade \_\_\_ (as of 9/1/15) 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 9/1/15) Grade \_\_\_ (as of 9/1/15) 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 with the claim tag by an authorized adult.

**Do you have a child who is currently potting training? If so, please list what assistance, if any, you would like the teacher to provide.**

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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 2015-2016. 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.

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*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  
Attn: Kids Ministries  
513 Tanglewood Drive  
Shoreview, MN 55126**