



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 () _____

Student(s) Information:

First Student:

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 Student:

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 Student:

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 Student:

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 Student:

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 Youth 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**

If parents or guardian cannot be reached, other person to notify in case of an emergency:

Name _____ Relationship _____

Phone (home) _____ Phone (work) _____

I hereby request that you accept the application for enrollment of the student(s) listed on this application in the age appropriate youth program at Emmanuel Covenant Church 2015-2016. I hereby authorize the ECC Youth Ministry leadership to act for me according to their best judgment in any emergency requiring medical attention in the event that I cannot be reached. I give my student(s) my permission to attend Emmanuel Covenant's Youth Ministry events and to be transported in a vehicle owned and operated by Emmanuel Covenant Church, or an adult leader's personal vehicle.

I release from liability and responsibility, ECC and the adult leaders, except in the case of gross negligence.

Parent/Guardian Signature

Date

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

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

**Emmanuel Covenant Church
Attn: Sarah Radden
513 Tanglewood Drive
Shoreview, MN 55126**