

M/W/F or T/Th or 5-day Pre-K or Kindergarten
or M-PDO or T/Th-PDO or W/F-PDO
(Circle one above)

Emmanuel Christian School Registration for 2022-2023

Name: _____ Birthdate: ____/____/____
(First) (Middle) (Last) Mo. Day Year
Male ___ or Female ___ Potty-trained?(independent on the potty) Yes ___ No ___

Student Name to be written & called: _____

Primary Ph:() _____

Primary Email: _____

(our email communications from the ECS office only sends to this primary email)

Address: _____

City: _____ State: _____ Zip Code: _____

Mother's Name: _____ Cell Ph:() _____

Employer: _____ Work Ph:() _____

Email addr: _____

Father's Name: _____ Cell Ph:() _____

Employer: _____ Work Ph:() _____

Email addr: _____

In case of emergency, parents will be contacted first. Please identify two (2) alternates to be contacted in case the parents cannot be reached.

Emergency Alternate: _____ Ph#: _____

Emergency Alternate: _____ Ph#: _____

Siblings (Name and Age): _____

Church Membership of Family: _____

***Please attach a copy of the student's immunization records.**

Registration and Supply Fee varies by class. Please refer to information letter. (per child)

Fees must be paid by cash, online, or by check payable to EUMC. The registration and supply fees are nonrefundable.

X _____

(Signature of Parent/Guardian

Office Use: Date: _____ Ck#: _____ Amt: _____ Cash: _____ Online: _____

Immunization Records _____ Log Book _____ Receipt _____ Entered _____

Please complete both sides of this form.

Emmanuel Christian School

I. Medical Record

Child's Name _____ Birthdate _____

Doctor's Name _____ Doctor's Phone Number: _____

Dentist's Name _____ Dentist's Phone Number: _____

Immunization/Disease Record: Please submit a **copy of your child's immunization record** or you can submit the immunization record and we will copy your child's record and return it to you.

FOOD & Other ALLERGIES:

Dietary restrictions: _____

Serious Illness or Operation: _____

Any special health problems? If so, please describe _____

Is your child receiving any special services? Ie. Speech, first steps, etc. YES or NO

What services? _____

II. Medical Consent

In the event that our child, _____ becomes ill or sustains an injury while attending the Emmanuel Christian School Program, I, the undersigned, give permission to those in charge to administer first aid.

I also consent to an X-ray, examination, anesthetic, medical (or dental or surgical) diagnosis and treatment and hospital care and the administration of drugs or medicine to be rendered to my child under the general or specialized supervision and upon the advice of a duly licensed physician and/or surgeon.

I do understand that this consent will apply to all emergency situations, present and future and that a copy of this form is as valid as the original. This consent is to remain in effect until written revocation is made.

Insurance Company

Name: _____ **Policy/Group#** _____

Insured's Name _____ **Insured's Phone#** _____

Date _____ **Parent/Guardian** _____

(Signature)

Parent/Guardian Name _____

(Print)

Please complete both sides of this form.
