

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 2020-2021

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

Student Name to be written & called: _____

Primary Ph:() _____ (home / cell) Mobile Carrier: _____
please circle one

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#:** _____ (home /cell)

Emergency Alternate: _____ **Ph#:** _____ (home /cell)

Siblings (Name and Age): _____

Church Membership of Family: _____

Child's Doctor: _____ Ph#: _____

Child's Dentist: _____ Ph#: _____

***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 or check payable to EUMC. The registration and supply fees are nonrefundable.

X

(Signature of Parent/Guardian)

Please complete both sides of this form.

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

Immunization Records _____ Log Book _____ Receipt _____ Entered _____

Emmanuel Christian School Medical Record / Release Form

I. Medical Record

Child's Name _____ Birthdate ____/____/____

Parent/Guardian _____ Phone _____ (home / cell)

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

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? i.e. 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 Aide.

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#** _____

Parent/Guardian _____ **DATE:** _____

(Signature)

Parent/Guardian Name _____

(Print)

Please complete both sides of this form.