



Emmanuel Church School Registration 2016-2017

Name: _____

Age: _____ Birthdate: _____

Grade in School: _____ School: _____

Parent's/Guardian's name: _____

Address: _____ Postal Code: _____

Phone: _____ Email: _____

Parent's/Guardian's name: _____

Address (if different): _____ Postal Code: _____

Phone: _____ Email: _____

Youth phone (if applicable): _____

Youth email (if applicable): _____

Child/Youth special interests and activities:

Allergies: _____

Any additional information?

