

Appendix E - ESMC Church School Registration Form

Child's Name: _____

Birthdate: _____ Age (as of Sept) _____ School Year: _____

Parent's/Guardian's name: _____

Address: _____

Phone: _____ Email: _____

Parent's/Guardian's name: _____

Address (if different from above): _____

Phone: _____ Email: _____

Child's special interests and/or activities: _____

Allergies: _____

Dietary Restrictions: _____

Medical conditions (physical or mental): _____

Siblings attending Church School (Names & Ages): _____

Emergency contact information during Church School hour: _____

Other: _____

If Church School is in need of help in the following areas give me a call:

Is there any other information that would assist us in working with your child/children?

Additional comments: