

**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 Information:**

**First child:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Date of Birth \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_ (as of 9/1/14) School \_\_\_\_\_  
Sex: Male Female Parent/Guardian Email Address: \_\_\_\_\_  
Please list any special needs, allergies or custodial issues of which we should be aware:

**Second child:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Date of Birth \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_ (as of 9/1/14) School \_\_\_\_\_  
Sex: Male Female Parent/Guardian Email Address: \_\_\_\_\_  
Please list any special needs, allergies or custodial issues of which we should be aware:

**Third child:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Date of Birth \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_ (as of 9/1/14) 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 Teen Ministries: **Yes / No**

Occasionally, we may take photographs of the students 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**

*In the event of an emergency, and you cannot be reached, please provide an alternate contact.*

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to the student: \_\_\_\_\_

I hereby request that you accept the application for enrollment of the child/ren listed on this application in the Wednesday night program at Emmanuel Covenant Church 2014-2015. I hereby authorize the Wednesday night leadership to act for me according to their best judgment in any emergency requiring medical attention, in the event that I cannot be reached.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

*Thank you for enrolling your teen in our programs. If you have questions please email [tim@emmanuelcovenant.com](mailto:tim@emmanuelcovenant.com).*

*Please return completed registration form to the Teen Registration Table on Wednesday night, or mail it to:*

**Emmanuel Covenant Church  
513 Tanglewood Drive  
Shoreview, MN 55126**