



Emmanuel's Kids

After School Ministry

Registration Form

Child's Name _____ Grade _____ Date _____

Name of School _____ Date of Birth _____

Mother's Name _____ Home Phone _____

Cell Phone Number _____ Work Number _____

email address _____ Place of Employment _____

Emergency Contact _____ Home Phone _____ / wk _____

Child's Address _____
(street) (city) (state) (zip)

Mother's Address (if different) _____
(street) (city) (state) (zip)

Father's Name _____ Home Phone _____

Cell Phone Number _____ Work Number _____

email address _____ Place of Employment _____

Father's Address (if different) _____
(street) (city) (state) (zip)

Are both parents legally allowed to pick up child? Yes ___ No ___ Initials _____

If no, please explain _____

Please list all those who are allowed to pick up your child including parents. All must show a valid picture ID.

<u>Name</u>	<u>Phone #</u>	
_____	PH# _____	relationship to child _____
_____	PH# _____	relationship to child _____
_____	PH# _____	relationship to child _____
_____	PH# _____	relationship to child _____
_____	PH# _____	relationship to child _____

Medications currently taking

_____	Prescribed by doctor	yes _____	no _____
_____	Prescribed by doctor	yes _____	no _____
_____	Prescribed by doctor	yes _____	no _____
_____	Prescribed by doctor	yes _____	no _____
_____	Prescribed by doctor	yes _____	no _____

Doctor's name _____ Doctor's Phone _____

Emmanuel's Kids has my permission to seek medical help for my child(ren) should the need arise.

Signature Parent or Guardian _____ Date _____

Foods my child is allergic to:

Medicines my child is allergic to:

Behavioral Challenges (ex. ADD)

Special Tutorial Needs

