

## 2018-2019 Registration Form for ECC Kids (3 yrs. - 5th Grade)

Student Information (Please Fill in the Blanks)					
Full Name:		Age of child			
School Attending:		Grade Level:			
Birth Date:		Gender:    M    F			
Student Baptized:		Preferred Ministry <small>(please circle)</small>	Sunday School 8:45am	Jr. Church 10am	Family Night KLUB      6pm
Mailing Address:					
Home Phone:					
Emergency Contact Information					
Parent/Guardian Information			Name:		
	Mother/ Guardian	Father/Guardian	Home Phone:		
Name:			Cell Phone:		
Home Phone:			Relationship to Student:		
Cell Phone:					
Email Address:			Medical Information		
Home Address:			Physician Name:		
Please list those who are NOT allowed to pick up your child			Physician Phone:		
			Med. Insurance Co:		
			Policy Numer:		
Medical Information					
Allergies or special health considerations					
Are there emotional or behavioral issues we should be aware of?					