

**Emmanuel Episcopal Church**  
**Christian Formation Registration**  
2009-2010

Parent's or Legal Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Emergency Contact:

Name & Phone: \_\_\_\_\_

<b>Child's Name</b>	<b>Age</b>	<b>Grade</b>	<b>Allergies or Medical Concerns</b>

I, parent or legal guardian of \_\_\_\_\_  
a minor child(ren), do hereby grant permission for said child to participate in the various activities sponsored by Emmanuel Episcopal Church. I also understand that photographs of my children may be used in informational items and the website for Emmanuel Episcopal Church.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date