



Emmanuel Lutheran School Family Registration Form

Completed on: _____

Received by: _____

(Please print all information)

STUDENT INFORMATION

FAMILY LAST NAME:		School Year:
Race: <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other		
Student 1 Name: Last: _____		First: _____ Middle: _____
Date of Birth: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade Entering: _____
Student resides with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Other _____		
Allergies: _____		Physical Limitations: _____
Student 2 Name: Last: _____		First: _____ Middle: _____
Date of Birth: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade Entering: _____
Student resides with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Other _____		
Allergies: _____		Physical Limitations: _____
Student 3 Name: Last: _____		First: _____ Middle: _____
Date of Birth: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade Entering: _____
Student resides with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Other _____		
Allergies: _____		Physical Limitations: _____

PARENT/GUARDIAN INFORMATION

FATHER/GUARDIAN	MOTHER/GUARDIAN
Full Name: _____	Full Name: _____
Address: _____	Address: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____
Employer: _____	Employer: _____
Business Phone: _____	Business Phone: _____

MEDICAL AND EMERGENCY CONTACT INFORMATION

Medical Release: In the event of my absence, the child(ren) named on the front page of this document may be admitted to any hospital or medical facility. I request and authorize physicians, dentists, orthodontists and staff duly licensed as Doctors of Medicine or Doctors of Dentistry, or other such licensed technicians or nurses, to perform diagnostic procedures and treatment procedures of the aforementioned child(ren).

Physician Name: _____	Physician Phone: _____
Hospital Preference: _____	
Insurance Company Name: _____	Policy #: _____
Dentist Name: _____	Dentist Phone: _____
Orthodontist Name: _____	Orthodontist Phone: _____

CHURCH INFORMATION

Name of church currently attending: _____

Are you active members of your church? Yes No

Is your child(ren) baptized? Yes No

Does your child(ren) regularly attend church? Yes No

Does your child(ren) regularly attend Sunday School? Yes No

SCHOOL DIRECTORY INFORMATION

Would you like your home address printed in the school directory? Yes No

Would you like your email address(es) printed in the school directory? Yes No

Would you like your home or cell number(s) printed in the school directory? Yes No

Would you like to receive school messages via text through REMIND? Yes No

Would you like to receive the "Pawprints" school newsletter via email? Yes No

PHOTO RELEASE

During the school year your child(ren) may be photographed or videotaped for various school-sponsored events or activities. With your consent, the photograph or video may be reproduced and released for use in the media (i.e. newspapers, magazines, brochures, television, internet), the Emmanuel Lutheran School website, and other social media platforms such as Facebook and Instagram.

The yearbook is a school publication and NOT covered by this photo release. All student photos will appear in the yearbook regardless of your selection.

My child(ren)'s photograph/video may be reproduced and released for use in the media. Yes No

ACSTO (Arizona Christian School Tuition Organization)

ACSTO is a blessing to school families. As part of enrollment, it is a requirement that **all new families and incoming Kindergarten families** submit an ACSTO application and attend one workshop in the 2023-2024 school year.

I/we understand and agree to do so. Yes No

PARENTAL AGREEMENT

I have read and completed the entire Registration Form. I agree to comply with all policies set forth in all documents stated above. Registration will not be considered complete until all forms have been signed.

Parent/Guardian Print: _____

Parent/Guardian Signature: _____

Date: _____