

**ELIOT CHURCH SCHOOL – FAMILY ENROLLMENT FORM**

**Family Name(s)** \_\_\_\_\_  
\_\_\_\_\_

**Child's Name** \_\_\_\_\_ **Nickname** \_\_\_\_\_  
**Birthday** \_\_\_\_\_ **Age on 9/1/19** \_\_\_\_\_ **School Grade** \_\_\_\_\_

**Child's Name** \_\_\_\_\_ **Nickname** \_\_\_\_\_  
**Birthday** \_\_\_\_\_ **Age on 9/1/19** \_\_\_\_\_ **School Grade** \_\_\_\_\_

**Child's Name** \_\_\_\_\_ **Nickname** \_\_\_\_\_  
**Birthday** \_\_\_\_\_ **Age on 9/1/19** \_\_\_\_\_ **School Grade** \_\_\_\_\_

**Child's Name** \_\_\_\_\_ **Nickname** \_\_\_\_\_  
**Birthday** \_\_\_\_\_ **Age on 9/1/19** \_\_\_\_\_ **School Grade** \_\_\_\_\_

**Child/Children's Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Mother (or guardian)**

**Father (or guardian)**

**Name** \_\_\_\_\_ **Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Telephone** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Email** \_\_\_\_\_ **Email** \_\_\_\_\_

**SPECIAL CONCERNS THAT I/WE WOULD LIKE TEACHERS TO KNOW:**

Child \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**FIELD TRIP PERMISSION**

I give permission for my child/children listed above, except \_\_\_\_\_  
to leave the Eliot Church with his/her teacher(s) or assistants for Church School  
activities. I also give permission to the teacher(s) or administrators to authorize or  
provide emergency medical treatment if they believe it is necessary for my  
child/children.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_