



Church School Registration Form

Please return this form to the Immanuel office or to Sunday School. If you have any questions about classroom activities, please email office@ipcmclean.org. Thank you!

STUDENT'S NAME _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

EMAIL ADDRESS _____

DATE OF BIRTH _____

PREFERRED PRONOUN (SHE/HE/THEY) _____

BAPTISM DATE (IF KNOWN) _____

CURRENT GRADE _____

SCHOOL _____

PARENT GUARDIAN NAME(S) _____

TELEPHONE (HOME) _____ (WORK) _____

ANY ADDITIONAL INFORMATION WE SHOULD KNOW? (ALLERGIES, ETC)

THE CHURCH HAS MY PERMISSION TO POST PHOTOS OF MY CHILD ON IMMANUEL'S WEBSITE AND/OR SOCIAL MEDIA PAGES.

Signature of Parent/Legal Guardian

Date

