



# 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](mailto: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

