

ELIOT CHURCH SCHOOL – FAMILY ENROLLMENT FORM

Family Name(s) _____

Child's Name _____ Nickname _____
Birthday _____ Age on 9/1/17 _____ School Grade _____

Child's Name _____ Nickname _____
Birthday _____ Age on 9/1/17 _____ School Grade _____

Child's Name _____ Nickname _____
Birthday _____ Age on 9/1/17 _____ School Grade _____

Child's Name _____ Nickname _____
Birthday _____ Age on 9/1/17 _____ School Grade _____

Child/Children's Address: _____

Telephone: _____

Email Address: _____

Mother (or guardian)

Father (or guardian)

Name _____ Name _____

Address _____ Address _____

Telephone _____ Telephone _____

Email _____ Email _____

...Over

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 _____