

2020 Anchoresses Registration Form

STUDENT'S LAST NAME: _____ FIRST NAME: _____

NICKNAME: _____ M ___ F ___ AGE: _____ BIRTHDATE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ HOME PHONE: _____

STUDENT LIVING WITH: (circle one) Both Parents Mother Father Other

Father's Name: _____ Mother's Name: _____

Occupation/Employer: _____ Occupation/Employer: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

E-mail: _____ Email: _____

If student lives with someone other than parent(s)/stepparent(s) as listed above, indicate name, relationship and telephone: _____

Will your child be attending Advent's aftercare either before or after baton class? Yes ___ No ___

Entering grade for 2019-20 school year: _____ At what school? _____

I authorize Anchoresses to use my child's picture on Facebook, Instagram or advertising. Yes ___ No ___

Authorization for Emergency Medical Care – Person(s) to notify in an emergency if parents cannot be reached:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Physician: _____ Office Phone #: _____

Physical defects, illnesses or allergies:

_____ Treatment of Choice: _____

_____ Treatment of Choice: _____

Helpful information about your child:

AUTHORIZATION FOR PICK-UP

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

ADVENT LUTHERAN CHURCH MEMBER? YES ___ NO ___

If no, are you currently active in a local church? ___ Name of church _____

Questions? Email Debbie at Anchoresses300@gmail.com

Office use

Paid date: _____ #: _____

Thank you!!!

