

Registration for Children's programs At ECC Springfield

Please indicate which program(s) you would like to register for:

- DIG IN- Preschool- Sundays 9-10:20
- DIG IN- K-5th grade- Sundays 9-10:20/10:45-11:45
- Friend's- Wednesdays 6:30-8pm
- Nursery- Birth- 1 yr 11 mos/2-4 years 11 months

First Name: _____ Last Name: _____ Male / Female

Age: ____ Grade: ____ Birthday (mm/dd/yy): _____

First Name: _____ Last Name: _____ Male / Female

Age: ____ Grade: ____ Birthday (mm/dd/yy): _____

First Name: _____ Last Name: _____ Male / Female

Age: ____ Grade: ____ Birthday (mm/dd/yy): _____

*List additional siblings on back.

*Please complete additional allergy info sheet if applicable. Check to indicate allergies:

Street Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Names: _____

Mother's/Guardian's phone: _____ email: _____

Father's/Guardian's phone: _____ email: _____

What is the best way to contact you? Phone email text mail other: _____

Emergency contact - Name: _____

Phone: _____ Relationship to child: _____

Please indicate if you would be interested in volunteering in any of the following:

- | | |
|--|---|
| <input type="checkbox"/> Nursery (4-5x per year) | <input type="checkbox"/> Friends program |
| <input type="checkbox"/> DIG IN preschool (2 weeks every 3 months
Sundays 9-10:20) | <input type="checkbox"/> Special events |
| <input type="checkbox"/> DIG IN elementary (2 weeks every 3 months
Sundays 9-11:45) | <input type="checkbox"/> Childcare for volunteers |
| | <input type="checkbox"/> Other: _____ |

Allergy Information

ECC Springfield

Child's Name: _____ Today's date: _____

Parent/Guardian Names: _____

Allergies

Medications (list any special instructions)

Special Contact Info (if applicable)

Any concerns or other information that we should know
