



Immanuel
United Methodist Church

**Immanuel School of the Arts
Registration Form**

General Offices
2551 Dixie Highway Lakeside Park KY. 41017
Phone: (859) 341-5330 Fax: (859) 578-3653
Website: www.immanuelumc.org



STUDENT NAME: _____ LESSON/CLASS _____
(i.e piano/violin,etc.)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME TELEPHONE: _____

MOBILE TELEPHONE: _____

E-MAIL _____

AGE: _____ BIRTHDATE: _____

GRADE: _____ SCHOOL _____

EMERGENCY CONTACT NAME _____

EMERGRNCY CONTACT NUMBER: _____

GUARDIAN #1 CONTACT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHOPNE NUMBER: _____

RELATIONSHIP TO STUDENT _____

GUARDIAN #2 CONTACT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHOPNE NUMBER: _____

RELATIONSHIP TO STUDENT _____

MEDICAL INFORMATION:

Does the student have any medical conditions we need to be aware of? (circle one) YES NO

If yes, please explain: _____

ALLERGIES _____

I give my consent to the Immanuel School of the Arts Staff, Volunteers and/or qualified medical personnel to act on my behalf in securing and administering necessary medical treatment for:

Signature of Parent or Guardian: _____ Date: _____

Do you presently have a church home? YES NO

If yes, name of church _____