# Maranatha Christian School

Affiliate of Community Church Outreach Center

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# MCS REGISTRATION FORM

## DEMOGRAPHICS

Student's First Name | Initial | Student's Last Name

Address / Apt # | City | State | Zip

Home Phone | Gender | Date of Birth | Age | Grade Applying for

Current School Name | Address | Phone

## PARENT / GUARDIAN INFORMATION

Mother or Guardian's Name | Address | Relationship

Home phone | Work Phone | Cell Phone | Email

Father or Guardian's Name | Address | Relationship

Home phone | Work Phone | Cell Phone | Email

## PARENT / QUESTIONNAIRE

How did you hear about Maranatha Christian School?

If your family attends church where?

List student's siblings and their age

I give permission to MCS to take pictures, video, or audio of my child for the purpose of school advertisements such as print, video, digital, social media or any other forms of advertisements related to the school. YES ☐ NO ☐

## EMERGENCY CONTACTS

| Name | Phone | Relationship |
|---|---|---|
| | | |
| | | |
| | | |

Sign here if all emergency contacts are allowed to pick up student from school. ★

Parent Signature

Date

## MEDICAL INSURANCE / HEALTH CARE PROVIDER

Insurance Provider

Member ID

Group #

Insurance Contact #

Health Facility

Pediatrician Name

Pediatrician Phone

Health Facility Address

City

State

Zip

## MEDICATIONS

List all medications student takes (Name, dosage, how often, quantity)

Does your child have an Epi Pen? YES NO List any allergies?

## OTHER INFO TO BE AWARE OF

Please describe any cognitive, behavioral, or health issues that we should be aware of.

## EMERGENCY CONSENT

If I am not available, I hereby give release and consent, in case of an emergency, for my child to be treated by a doctor or hospital emergency room if I can not be reached at home or work.

Parent Signature ★

Date

I hereby attest that the information listed on this application are true. ★

Parent Signature _____ Date _____