



The Emmanuel Day School  
Registration Form  
2010-2011

Name of Applicant: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Allergies/Special Concerns: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Parent Address, if different: \_\_\_\_\_

Cell/Office: \_\_\_\_\_

May we add your name/information to a school roster? \_\_\_\_\_

Email Address: \_\_\_\_\_

(Emmanuel Church will automatically send you information about our parish and school weekly.)

Days per week: \_\_\_\_\_ (be specific)

Student will begin classes on: \_\_\_\_\_

I have read the Emmanuel Day School handbook and I understand and agree with the school's policies. I am enclosing my \$75 registration fee and first month's tuition (both are nonrefundable).

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please make checks payable to: Emmanuel Church**

42 Dearborn St. Newport, RI 02840 (401)847-0675 or (401)847-7444

Email us at: [admin@emmanuelnewport.org](mailto:admin@emmanuelnewport.org)

*Office use only:*

Registration Fee \_\_\_\_\_ Check # \_\_\_\_\_

First Month's Tuition \_\_\_\_\_ Check# \_\_\_\_\_

Enrolled on roster \_\_\_\_\_ Added to E-pistle List \_\_\_\_\_

Waitlist \_\_\_\_\_