

EDS
THE EMMANUEL DAY SCHOOL

REGISTRATION FORM
2007-2008

Name of Applicant: _____

Age: _____ **Date of Birth:** _____

Allergies/Special Concerns: _____

Grade level completed: _____

Address: _____

Home Telephone: _____

Parent/Guardian: _____

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 weekly.)

Home Parish, if any: _____

Days per week: _____ (be specific)

Student will begin classes on: _____

Please tell us about you:

I would like my child to attend the Emmanuel Day School because:

I have read the Emmanuel Day School policies and information presented on the website. I understand and agree with the policies and the philosophies that have created this unique center for learning. I understand that at any time the Emmanuel Day School may need to dismiss a student based on its Three Strikes Policy without refund. I am enclosing my deposit and 1st Month's tuition payment.

Parent/Guardian Signature: _____ Date: _____

Please make checks payable to: The Emmanuel Day School

42 Dearborn St. Newport, RI 02840 (401)847-0675 or (401)847-7444
Email us at: emmanuelnewport.org
