

ECCA Registration Form 2026-2027

Returning Student

Submit: [Registration Form and Tuition for the Year according to the following Dates.]

[By Friday, July 3, 2026 - Tuition is (\$500)] [After Friday, July 3, 2026 - Tuition is (\$1,000)]

Student Information

Student's Name (Last) _____ (First) _____ (Middle) _____

Physical Address _____

City _____ State _____ Zip _____

Phone No _____ Cell No _____ E-mail _____

Birth Date _____ Gender _____ Social Security No _____

Place of Birth _____

Age _____ Grade to Enter _____ Adopted? or Foster? _____

Has the Student ever made a confession of faith in Jesus Christ? _____

Name of Church if any that Student now attends _____

Minister _____ Phone No _____

Student's or Family's Physician _____ Phone No _____

Has the Student received all immunizations & boosters required by MN State Law to attend school this Fall? _____

Is the Student's **2026-2027 MDH Immunization Form** fully completed, signed and returned to ECCA? _____

Does the Student meet the "Requirements to Attend ECCA" as set forth in ECCA's Information Booklet? _____

Family Information

	Father or Other Male Adult	Mother or Other Female Adult
	<input type="checkbox"/> Father <input type="checkbox"/> Other _____ (Indicate your Relationship to the Student)	<input type="checkbox"/> Mother <input type="checkbox"/> Other _____ (Indicate your Relationship to the Student)
Name		
Mailing Address		
City, State Zip		
Physical Address		
City, State Zip		
Home Phone No		
Cell No		
Home E-mail		
Place of Employment		
Business Address		
Your Position/Title		
Business Phone No		
Church Attending (if any)		
Church Address		
Minister's Name		
Minister's Phone No		
Are You a Christian?		
Do You Meet the ECCA Parent Requirements?		

Parents are: (Please Check One and Explain if necessary) (Check more than One if needed)

- Married (Living Together) Married (Living Separately) Divorced
 Never Married (Living Together) Never Married (Living Separately)
 Father Deceased Mother Deceased

Further Explanation _____

Children in family and/or household of school age not attending ECCA:

Names _____	Age _____	Gender _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(More on Reverse Side)

Parent or Guardian Consent

RS2627

(Please Check & Sign ALL that Apply)

Field Trips

I hereby give ECCA and its Staff permission to transport my child on all Field Trips and any other Special School Trips during the 2026-2027 School Year.

Indicate any exceptions _____

Required Parent or Guardian Signature _____

Swimming and YMCA

I hereby give my child permission to participate in the ECCA Swimming Program and all other YMCA activities during the 2026-2027 School Year.

Indicate any exceptions _____

Required Parent or Guardian Signature _____

Physical Education

I hereby give my child permission to participate in the ECCA Physical Education Program (which includes Sports Activities such as Downhill Skiing, Bowling, Roller Skating, Ice Skating, Golfing, Mini-Golfing, Water Sliding, Snow Sliding, A.C.E.'s HS Student Convention Sports Activities, ECCA's Competition Day Activities, etc.) during the 2026-2027 School Year.

Indicate any exceptions _____

Required Parent or Guardian Signature _____

Extra-Curricular Sports Activities (If available)

I hereby give my child permission to participate in ECCA's Extra-Curricular Sports Activities (In Cooperation with & Located at Northland High School) during the 2026-2027 School Year.

Indicate all Activities in which the child is permitted to participate _____

Required Parent or Guardian Signature _____

Elementary Home Ec. (Elementary Student Only) --or--

High School Home Management (High School Student Only)

I hereby give my child permission to participate in the ECCA Elementary Home Ec. Program or the ECCA High School Home Management Program during the 2026-2027 School Year.

Indicate any exceptions _____

Required Parent or Guardian Signature _____

Industrial Technologies (High School Student Only)

I hereby give my child permission to participate in the ECCA High School Industrial Technologies Program during the 2026-2027 School Year.

Indicate any exceptions _____

Required Parent or Guardian Signature _____

Student Scholastic Information

(Please indicate in which **Academic Grade Level** you believe this Student will be continuing this Fall)

Math (Please One) K 1 2 3 4 5 6 7 8 9 10 11 12

English (Please One) K 1 2 3 4 5 6 7 8 9 10 11 12

Social Studies (Please One) K 1 2 3 4 5 6 7 8 9 10 11 12

Science (Please One) K 1 2 3 4 5 6 7 8 9 10 11 12

Word Building (Please One) K 1 2 3 4 5 6 7 8 9 10 11 12

Student and Parent or Guardian Signatures

To the best of our knowledge, the Information provided to ECCA on this Form is complete and accurate – therefore, we affix our signatures here:

Student's Signature _____ Date _____

Father's or Guardian's Signature _____ Date _____

Mother's or Guardian's Signature _____ Date _____

Acceptance to ECCA (For ECCA Use Only)

Accepted Not Accepted _____

Head of School's Signature _____ Date _____