

2018-2019 ~ St. Stephen's Episcopal Church School REGISTRATION FORM



STUDENT NAME and/or NICKNAME: _____

PARENT(S) NAME: _____

ADDRESS: _____

HOME PHONE: _____

WORK PHONE: _____

E-MAIL(S): _____

CHILD'S BIRTH DATE: _____

CURRENT SCHOOL GRADE: _____

RECEIVE COMMUNION: Yes ____ No ____

★ VITAL ★

KNOWN ALLERGIES AND/OR MEDICAL CONCERNS:

IS THERE ANYTHING ELSE YOU WANT TO TELL US ABOUT YOUR CHILD?

WOULD YOU BE AVAILABLE ON OCCASION TO:

- Assist with Nursery Care at the 10 a.m. Service?
- Assist with the Church School Program?

COULD WE POST PICTURES OF YOUR CHILD ON SOCIAL MEDIA? We will not tag you or use your child's last name.

- Yes.
- No.

Thank you for trusting us with the care and education of your child.