



St. Stephen Presbyterian
DAY SCHOOL

REGISTRATION FORM

Child's Name _____ Sex _____ DOB _____

Child's Address _____

Are you a member of St. Stephen Presbyterian Church? _____

Parent/Guardian Name _____ E-Mail _____

Address (if different than child's) _____

Cell Phone _____ Home Phone _____ Work Phone _____

Place of Business _____ Occupation _____

Parent/Guardian Name _____ E-Mail _____

Address (if different than child's) _____

Cell Phone _____ Home Phone _____ Work Phone _____

Place of Business _____ Occupation _____

EMERGENCY CONTACTS / APPROVED PICK UP LIST

If parents are unable to be reached, list persons to be contacted in the event of an emergency. Please also list any persons approved to pick up your child. **Please provide drivers license numbers. Children will not be released to anyone other than those listed below.**

Name _____ Relationship _____

Drivers License Number / State _____ Phone _____

Name _____ Relationship _____

Drivers License Number / State _____ Phone _____

Name _____ Relationship _____

Drivers License Number / State _____ Phone _____