

Church 2016-17 Sunday School / Youth Group Registration Form



Please complete one form for each child.

Child			Tr. (N	
Last Name	D: 41 D-4		First Name	
Male/Female	e Birth Date	<u> </u>	School grade entering Sept. 2016	
Baptized	Yes / No	Baptism Date _		
Youth Group	o(ages 12 and u	p) (Sundays 11:30-1)	Yes / No	
Medical or a	llergy informati	ion we need to know ab	out (Epi-pen?)	
ne cost of supp	lies throughout	the year. Please make	the time of registration. This fee will he checks out to St Stephen's Episcopal C ue to the inability to pay.	
Family Con Parent/Guard	ntact Informa lian	ation		
Last Nan Address	ne		First Name	
Email				
Home Pl	none		Cell Phone	
Parent/Guard	lian			
Last Nan	me		First Name	
Address Email				
Home Pl	none		Cell Phone	
Emergency	Contact			
Last Nan				
Home Pl			Cell Phone	
Relations	ship		<u></u>	
Permission	ıs			
			hool/ Youth Group without an adult.	
Who may	y pick your chil	ld up from Sunday scho	ol / Youth Group (other than parent)?	
		mission for photographs cial media without iden	and video of my child to be taken and tification.	used on the
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Signofile	a at Darant		Linto	