

ST. PAUL'S EPISCOPAL CHURCH
CHURCH SCHOOL FOR CHILDREN & YOUTH
STUDENT REGISTRATION FORM
2026-2027

STUDENT INFORMATION

Child's Last Name: _____
Child's First Name: _____
Child's Date of Birth: _____
Child's Age: _____
Child's Grade: _____

CONTACT INFORMATION

Parent's Name: _____
Parent's Cell Phone #: _____
Parent's Home Phone #: _____
Parent's Email Address: _____
Parent's Home Address: _____

MEDICAL CONCERNS / ALLERGIES / SPECIAL NEEDS

Please list for each child:

Does your child/children have food restrictions or nut allergy? (Yes or No)

Does your child/children need an Epi-Pen? (Yes or No) If so, please bring with you.

PICK UP INSTRUCTIONS

Please list any specific instructions along with names of individuals permitted to pick up your child/children:

EMERGENCY CONTACT INFORMATION

_____ (Name) _____ (Phone)

_____ (Relationship) _____ (Email)

If parent cannot be reached in an emergency, St. Paul's Episcopal Church has permission to transport my child/children to the nearest medical or emergency facility, and has authorization to provide treatment that is deemed necessary for the well-being of my child/children.

_____ (Parent Signature) _____ (Date)