



**THE STORY STUDENT REGISTRATION**  
2018-2019 school year

**There is no charge for Sunday or Wednesday school....instead we encourage your generosity in giving your time to our program and offerings for the children's mission projects.**

Grade 2018-2019  
Or 3 yrs old by 9-1-18

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

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Parent(s) Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Phone number (H) \_\_\_\_\_ (C) \_\_\_\_\_

E-Mail address \_\_\_\_\_

The student(s) are under the custodial care of:  both parents  mother only  father only  
 other \_\_\_\_\_

.....  
I will be in the building during class time \_\_\_\_\_

I will not be in the building during classtime. If not, please fill out the following:  
PERSON(S) TO CONTACT IN CASE OF EMERGENCY:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency I give my consent to obtain medical attention for my child/children.

\_\_\_\_\_ Date \_\_\_\_\_  
Signature

In order that we can provide appropriate care for your child, please list any medical condition, allergies, or behavior issues of which we should be aware.

\_\_\_\_\_  
\_\_\_\_\_

