



St. Peter's Episcopal Church

Please complete the form and e-mail (ndestate@saint-peters.org),
fax (703) 536-6608, mail, or bring it to the parish office.

Sunday School Registration 2010-2011

Student (1) _____

Last name

First name

Middle I.

Date of Birth

Grade

School attending

Allergies (please list)

Student (2) _____

Last name

First name

Middle I.

Date of Birth

Grade

School attending

Allergies (please list)

Student (3) _____

Last name

First name

Middle I.

Date of Birth

Grade

School attending

Allergies (please list)

Student Address: _____

Street

City

State

Zip

Home Number: _____ e-Mail Address: _____

Parent/Guardian & Emergency Contact Information

Mother/(Guardian): _____ Cell Phone: _____

Father/(Guardian): _____ Cell Phone: _____

Other Contact Name: _____ Phone: _____

I understand that this emergency information will be made available to St. Peter's Episcopal Church to help ensure the safety of my child/youth at St. Peter's-sponsored events. To the best of my knowledge, this information is complete, accurate, and current.

Parent/guardian signature

Date