



SAINT PETER'S EPISCOPAL CHURCH

271 Roseland Avenue, Essex Fells, New Jersey 07021 • stpetersef.org

YOUTH REGISTRATION CHORISTERS, CHURCH SCHOOL, YOUTH GROUP, ACOLYTES

Child's Name _____

Age _____ Date of Birth _____

School attending this year _____ Grade this Fall _____

Home Address _____

Parent/Guardian Name _____

Baptized? Yes No Confirmed? Yes No

Parent/Guardian Name _____

Baptized? Yes No Confirmed? Yes No

Email(s) _____

Phone numbers (cell and home) _____

Child Baptized? Yes No Child Confirmed? Yes No

Child Receiving Holy Communion Yes No Child Interested in Confirmation Yes No

How many years of previous enrollment? _____

Any chronic conditions, food allergies or other: _____

I give my permission for photographs and/or video footage of my child to be used by St. Peter's Church and its various programs for promotional purposes (brochures, websites, promotional videos, and the like). I understand that my child's last name will not be used. I agree to keep all contact information up to date to the best of my ability.

Parent/Guardian Signature _____ Date _____

Please return to St. Peter's in person, via regular mail, or email infor@stpetersef.org