

SAINT PETER'S EPISCOPAL CHURCH ~ MONROE, CT
CHURCH SCHOOL REGISTRATION - 2014-2015

ONE FORM PER FAMILY! - If you have any questions please call the parish office at (203) 268-4265

Parent's Name: _____ Phone: _____

I would like to help out with: Church School Pageant Youth Gr. _____

Parent's Name: _____ Phone: _____

I would like to help out with: Church School Pageant Youth Gr. _____

Address: _____

E-Mail Address: _____

Child's Name	Date of Birth	Age	Grade	Special Needs*

**If there is something we should know to insure your child's safety and comfort (i.e., food allergy, medical condition, etc.), please note it here so that we can do all we are able to meet his/her needs.*

Note: A parent/guardian is expected to be on church property when their child is in class and worship.

Signature of Parent/Guardian: _____ Date _____

Occasionally, we photograph children participating in church programs for use on bulletin boards and publications. If used, we do not identify children by name. Please check the appropriate box and sign below if you do not wish your child to be photographed.

No, I do not allow my child(ren) to be photographed.

Signature of Parent/Guardian: _____ Date _____

*Please return this form to St. Peter's Church
 a \$10 donation would help offset some of the cost of Church School.*