

Saint Peter's Anglican Church  
**Children's Ministry Registration Form**

**CHILD INFORMATION**

Child's Name \_\_\_\_\_ Goes by \_\_\_\_\_

DOB \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Primary Address/CITY/ZIP \_\_\_\_\_

Lives with: Both Parents Mother Father

Date Baptized \_\_\_\_\_ I am interested in having my child baptized \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ Email \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Address: \_\_\_\_\_ City/ZIP \_\_\_\_\_

Member of St. Peter's Y N Are you Baptized? Y N Are you Confirmed? Y N

**Father's Name** \_\_\_\_\_ Email \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Address: \_\_\_\_\_ City/ZIP \_\_\_\_\_

Member of St. Peter's Y N Are you Baptized? Y N Are you Confirmed? Y N

**Emergency Contact Name** \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

List name/relationship of anyone OVER 18 authorized to bring/pick up your child (parent/grandparent, etc.)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

What should we know about your child? (learning situations, extraordinary talents, every other week attendance, etc.) This information will be shared with your child's teacher.

\_\_\_\_\_

\_\_\_\_\_

**MEDICAL INFORMATION**

Allergies: \_\_\_\_\_ Food Restrictions: \_\_\_\_\_

Medical Conditions that might affect or limit activity \_\_\_\_\_

**PHOTO RELEASE**

Photos of your child could be used in future church publicity (publications, advertisements, website, slide shows, etc.) Please note that names and/or contact information will **NEVER** be associated with your child in any publication.

**I DO NOT want my child's photograph used in any St. Peter's publicity:**

Print Name \_\_\_\_\_

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