

St. Peter's Episcopal Church
Catechesis of the Good Shepherd Registration 2009-2010

Name: Goes by:

Parents:

Address:

Email addresses:

Emergency contact (cell phone):

Child's DOB Grade in school (if
applicable)

Baptized? y or n

Please check any of the statements that apply and then elaborate below.

My child has health concerns/allergies.

I am interested in assisting with the CGS but I don't want to be in the atrium.

I would like to assist in the atrium and I am willing to undergo necessary background checks.

I have questions about the CGS.

I would like information about becoming a member of St Peter's.

I give permission for my child's picture or artwork to be displayed and/or published.

Other:

Parent signature:

Date:

Please return to Anna Hurdle.