SAINT PETER'S EPISCOPAL CHURCH

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

YOUTH REGISTRATION 2026-2027
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: _____

_____

Please let us know anything that helps your child learn, participate, and feel comfortable so we can support them effectively (use the back of this form). ***All information is kept in strict confidence.***

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 Lindsay Thompson, thompson@stpetersef.org