

**ST. PETER'S EPISCOPAL CHURCH**  
271 ROSELAND AVENUE, ESSEX FELLS, NJ 07021

**SUNDAY SCHOOL REGISTRATION FORM**  
**2011 - 2012**

It is important that we have up to date information, so please complete the form and return it to the Church *even if your children are already members of the Sunday School*. Thank you.

If you wish, you may email the information to Ronald Young at [rbyoung.stpeters@gmail.com](mailto:rbyoung.stpeters@gmail.com)

**Parent Name(s):** \_\_\_\_\_

**Address:**  
\_\_\_\_\_  
\_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**How do you prefer we contact you (email or mail)?** \_\_\_\_\_

**Children's information**

<i>Name</i>	<i>Date of Birth</i>	<i>Age</i>	<i>Grade (Sept. 2011)</i>	<i>Baptized (Y/N)</i>