

ST. PETER'S EPISCOPAL CHURCH ONLINE REGISTRATION FORM

2020-2021

Name: _____ Age: _____

Grade: _____ Date of Birth: _____

Parent(s)/Guardian(s) Name: _____

Primary Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Emergency Contact Name: _____

Relation: _____ Primary Phone: _____

Email: _____

Other Relatives at St. Peter's: _____

Parent Signature: _____

Please email this form to: info@stpeterschurch.net

or mail to:

115 St. Peter's St.

Salisbury, MD 21801