St. Paul's Episcopal Church
P.O. Box 602
E. Pine and Academy Streets
Georgetown, Delaware 19947
302-856-2894
Fax 302-856-9532

CHURCH SCHOOL REGISTRATION FORM FOR YEAR:_____

(Please complete and return to church by_____

_____ _____ _____
Family name 1st parent's name Date of birth

_____ _____
2nd parent's name Date of birth

_____ _____
Home telephone Mailing address including city, state, zip

_____ _____ _____
1st parent's work telephone Fax E-mail

_____ _____ _____
2nd parent's work telephone Fax E-mail

Names of Children	Sex	Birth Date	Date of Baptism	School	Grade

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(Please include e-mail addresses for home/children if applicable)