



# ST. PAUL'S

EPISCOPAL YOUTH COMMUNITY

ST. PAUL'S EPISCOPAL CHURCH  
P.O. BOX 1190  
FAYETTEVILLE, AR 72702  
(479) 442-7373

## REGISTRATION - FALL 2021

*Fill out even if you believe we already have your current information on file.*

*All personal data will be kept confidential.*

### Youth Information

**Full Name**

**Name You Prefer to be Called**

\_\_\_\_\_

**Mailing Address** (including City, State, & Zip)

\_\_\_\_\_

**Cell Phone** (of youth if applicable)

**Email** (of youth if applicable)

\_\_\_\_\_

**Gender / Pronouns**

**Date of Birth**

\_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**School**

**Grade**

\_\_\_\_\_

**Known Allergies / Medical Information**

\_\_\_\_\_

**Register child for Youth Choir**

*Families with additional children attach additional copy of form as needed.*

*Please continue on reverse side.*



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## Parent / Caregiver (1) Information

**Full Name**

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**Name You Prefer to be Called**

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**Relationship to Youth**

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**Email**

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**Cell Phone**

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**Home Phone**

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**Gender / Pronouns**

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**Date of Birth**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Marital Status**

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**Anniversary Date** (if applicable)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

- Publish our family in the directory.**  
*Children's contact information is not published.*

## Parent / Caregiver (2) Information

**Full Name**

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**Name You Prefer to be Called**

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**Relationship to Youth**

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**Email**

---

**Cell Phone**

---

**Home Phone**

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**Gender / Pronouns**

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**Date of Birth**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_