



# ST. PAUL'S

EPISCOPAL YOUTH COMMUNITY

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

## REGISTRATION 2022-23 SCHOOL YEAR

*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)

\_\_\_\_\_

Youth Cell Phone

Youth Email

\_\_\_\_\_

\_\_\_\_\_

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.*

Publish our family in the directory. *Youth contact information is not published.*

*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

---

Relationship to Youth

---

Parent/Caregiver Email

---

Parent/Caregiver Cell Phone

---

Parent/Caregiver Home Phone

---

Gender / Pronouns

---

Date of Birth

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

Marital Status

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Anniversary Date (if applicable)

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

## Parent / Caregiver (2) Information

Full Name

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Name You Prefer to be Called

---

Relationship to Youth

---

Parent/Caregiver Email

---

Parent/Caregiver Cell Phone

---

Parent/Caregiver Home Phone

---

Gender / Pronouns

---

Date of Birth

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