



# Christian Formation Registration

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

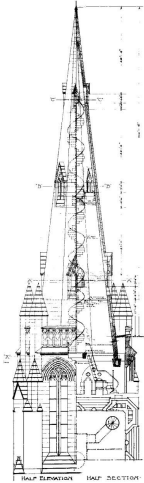
Has this child been baptized? \_\_\_\_\_

date/Church/city/state \_\_\_\_\_

Has this child been confirmed? \_\_\_\_\_

date/Church/city/state \_\_\_\_\_

May we include your child in group photos, for publicity purposes? \_\_\_\_\_ Yes \_\_\_\_\_ No.



Please return this form to:

Adele Eley  
Calvary Episcopal Church  
315 Shady Avenue  
Pittsburgh, PA 15206-4388