

**St. Paul's Syracuse**  
The Downtown Episcopal Church

# Hadley Chapel Children's Program



Child's Name: \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade in Fall \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade in Fall \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade in Fall \_\_\_\_\_

Please list any allergies (note which child and what allergy)

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Parent's Name(s): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Landline if applicable: \_\_\_\_\_

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

Email: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Landline if applicable: \_\_\_\_\_

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

Email: \_\_\_\_\_

Has your child been baptized? Yes \_\_\_\_\_ No \_\_\_\_\_

*Do you consent to allowing your child to be photographed for our newsletter and website?*

Yes \_\_\_\_\_ No \_\_\_\_\_ *(Your child will not be identified)*

***Please put your phones on vibrate during the service and provide your cell number above in case of emergencies during church.***

*Please return registration form to the Children's Ministry mailbox outside the church office. Or by mail to: Jeanne Avery,*

*St. Paul's Syracuse 310 Montgomery St. Syracuse, NY 13202 Questions? Please contact Jeanne at: [jehavery@gmail.com](mailto:jehavery@gmail.com)*

