

St. Paul's Syracuse  
The Downtown Episcopal Church

# Godly Play Program



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

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Any Allergies (note which child and what allergy)?

\_\_\_\_\_  
\_\_\_\_\_

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?

Which side of the church do you plan to sit on?

***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)*