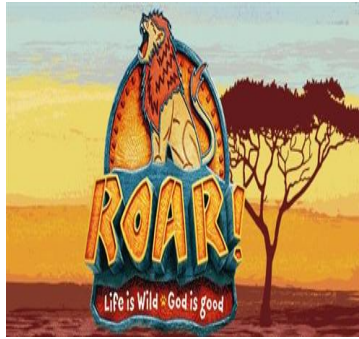


Saint Peter Claver Church
Laurie Janecko
Director of Faith Formation
860.521.2904
Roar Co-Directors
Madison Carr and Alyssa Fiori



Please fill out a
Registration Form
for each child
attending

Child's Name: _____

Gender: _____ Age: _____ Current grade in school (if applicable): _____

Name of parent(s): _____

Street Address: _____

City: _____ Zip: _____

Home phone: _____ Cell: _____

Email: _____

Home Parish: _____

Allergies or other medical concerns: _____

In Case of Emergency, Contact: _____

Home or Cell: _____ Relationship to child: _____

Who will be picking up the child everyday:

Please make checks payable to
Saint Peter Claver Church \$50 ~ per child