



**SAINT PETER'S CHURCH, LEWES**  
**2017 GODLY PLAY AND SPY REGISTRATION**

**RAISE A CHILD OF FAITH**

NAME OF CHILD:

\_\_\_\_\_  
GRADE: \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

\_\_\_\_\_  
GRADE: \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

\_\_\_\_\_  
GRADE: \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

\_\_\_\_\_  
GRADE: \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

NAME(S) AND ADDRESS OF PARENT(S):

\_\_\_\_\_

\_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ANY FOOD/OTHER ALLERGIES (Name of Child, Allergy, etc.):

\_\_\_\_\_

MY CHILD HAS SPECIAL NEEDS (Please explain):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ANY OTHER INFORMATION WE NEED TO KNOW: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_