

# SAINT ANDREW FAMILY INFORMATION 2022-2023

**FAMILY Name:** \_\_\_\_\_

MOTHER'S RELIGION

**MOTHER'S NAME** \_\_\_\_\_

CHRISTIAN ORTHODOX

ADDRESS \_\_\_\_\_

OTHER RELIGION *specify* \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

MOBILE \_\_\_\_\_ E-MAIL \_\_\_\_\_

HOME PHONE \_\_\_\_\_ DAY PHONE \_\_\_\_\_

FATHER'S RELIGION

**FATHER'S NAME** \_\_\_\_\_

CHRISTIAN ORTHODOX

ADDRESS \_\_\_\_\_

OTHER RELIGION *specify* \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

MOBILE \_\_\_\_\_ E-MAIL \_\_\_\_\_

DAY PHONE \_\_\_\_\_

*We will communicate with **BOTH E-MAILS ABOVE OR PREFERRED E-MAIL*** \_\_\_\_\_

**EMERGENCY Numbers** (if a parent cannot be reached, please call one of the following)

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

Do you have **FACEBOOK?** Circle: **YES** **NO**

*Information will be shared with Authorized Persons in charge of: Greek School, Sunday School, Greek Dance, GOYA Dance, GOYA | JOY | HOPE | LAP | Scouts*

## PARENTS, PLEASE FILL OUT THE FOLLOWING:

- \_\_\_\_\_ I give permission to Saint Andrew to have pictures of my child on any written or electronic publication or social media page of Saint Andrew Greek Orthodox Church.
- \_\_\_\_\_ I DO NOT give permission to Saint Andrew to have pictures of my child on any written or electronic publication or social media page of Saint Andrew Greek Orthodox Church.

Parent's name \_\_\_\_\_ Parent's Signature X \_\_\_\_\_

Please complete reverse side as well 1/2 ⇒

SAINT ANDREW **STUDENT** INFORMATION 2022-2023

**NAME**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ (IN GREEK IF HAS STUDENT) \_\_\_\_\_ ORTHODOX BAPTISMAL NAME \_\_\_\_\_

AGE \_\_\_\_\_  
AGE ON OCT 1ST      GRADE in Public School      DATE OF BIRTH      DATE of BAPTISM      DATE of NAME DAY

Student **will attend** circle if student will be joining any of these youth groups

SUNDAY SCHOOL **GRADE** \_\_\_\_\_ GREEK SCHOOL **LEVEL** \_\_\_\_\_ GREEK **DANCE** \_\_\_\_\_ GOYA | JOY | HOPE | LAP | Scouts

If applicable Student's cell phone \_\_\_\_\_ e-mail \_\_\_\_\_

**NAME**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ (IN GREEK IF HAS STUDENT) \_\_\_\_\_ ORTHODOX BAPTISMAL NAME \_\_\_\_\_

AGE \_\_\_\_\_  
AGE ON OCT 1ST      GRADE in Public School      DATE OF BIRTH      DATE of BAPTISM      DATE of NAME DAY

Student **will attend** circle if student will be joining any of these youth groups

SUNDAY SCHOOL **GRADE** \_\_\_\_\_ GREEK SCHOOL **LEVEL** \_\_\_\_\_ GREEK **DANCE** \_\_\_\_\_ GOYA | JOY | HOPE | LAP | Scouts

If applicable Student's cell phone \_\_\_\_\_ e-mail \_\_\_\_\_

**NAME**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ (IN GREEK IF HAS STUDENT) \_\_\_\_\_ ORTHODOX BAPTISMAL NAME \_\_\_\_\_

AGE \_\_\_\_\_  
AGE ON OCT 1ST      GRADE in Public School      DATE OF BIRTH      DATE of BAPTISM      DATE of NAME DAY

Student **will attend** circle if student will be joining any of these youth groups

SUNDAY SCHOOL **GRADE** \_\_\_\_\_ GREEK SCHOOL **LEVEL** \_\_\_\_\_ GREEK **DANCE** \_\_\_\_\_ GOYA | JOY | HOPE | LAP | Scouts

If applicable Student's cell phone \_\_\_\_\_ e-mail \_\_\_\_\_

HAS Students need to complete **additional** Form      Use 2<sup>nd</sup> Form for more than 4 students in same family page 2 of 2

Name of student with List **Allergies** if any: \_\_\_\_\_

<b>OFFICE USE ONLY</b>					<b>DUE</b>	<b>PAID</b>
Family Stewardship <b>2022 Pledge</b> is current (if not please request Pledge) <small>minimum stewardship pledge required \$500</small>					_____	_____
PTA <b>\$30 PER FAMILY</b>					_____	_____
<b>HAS</b>	1 hr class \$305	1.5 hr class \$460	2 hr class \$610		_____	_____
<b>DANCE \$320 per student</b>	<b>CIRCLE ONE</b>	GROUP 1	GROUP 2	GROUP 3	_____	_____
<b>Date</b>	<b>Check #</b>	<b>cash</b>	<b>Receipt No*</b>	<b>Total</b>	_____	_____

**BALANCE DUE = \$** \_\_\_\_\_