

# Religious Education School REGISTRATION 2017-2018

Please complete ONE FORM PER FAMILY and return to church office by: **June 30, 2017**

## FIRST CHILD'S NAME

LAST NAME

FIRST NAME

ORTHODOX BAPTISMAL NAME \*

AGE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

School GRADE in September \_\_\_\_\_

DATE celebrating your Name day \* \_\_\_\_\_

List Allergies if any on back

Student's cell phone number *if applicable* (\_\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

## SECOND CHILD'S NAME

LAST NAME

FIRST NAME

ORTHODOX BAPTISMAL NAME

AGE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

School GRADE in September \_\_\_\_\_

DATE celebrating your Name day \* \_\_\_\_\_

List Allergies if any on back

Student's cell phone number *if applicable* (\_\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

## THIRD CHILD'S NAME

LAST NAME

FIRST NAME

ORTHODOX BAPTISMAL NAME

AGE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

School GRADE in September \_\_\_\_\_

DATE celebrating your Name day \* \_\_\_\_\_

List Allergies if any on back

Student's cell phone number *if applicable* (\_\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

FAMILY NAME

*All pre-school children who turn 3 years old by October 1st are encouraged to sign up for Sunday School during Registration for September.*

## MOTHER'S NAME

MOTHER'S RELIGION

CHRISTIAN ORTHODOX

OTHER

ADDRESS \_\_\_\_\_

SPECIFY \_\_\_\_\_

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

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

ALTERNATE PHONE \_\_\_\_\_

MOBILE \_\_\_\_\_

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

## FATHER'S NAME

FATHER'S RELIGION

CHRISTIAN ORTHODOX

OTHER

ADDRESS IF DIFFERENT FROM MOTHER \_\_\_\_\_

SPECIFY: \_\_\_\_\_

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

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

ALTERNATE PHONE \_\_\_\_\_

MOBILE \_\_\_\_\_

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

*There are **no Registration Fees** to attend Religious Education Classes at St. Andrew. We ask that each child prayerfully considers their **PERSONAL WEEKLY STEWARDSHIP DONATION.***

PLEASE CONTINUE ON OTHER SIDE → →

*There are **no Registration Fees** to attend Religious Education Classes St. Andrew.*

*We ask that each child prayerfully considers their*

**PERSONAL WEEKLY STEWARDSHIP DONATION**

Since Sunday School is depending on these donations to sustain all of its work, we ask parents to please assist their children with their Personal Weekly Stewardship Donation.

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

*Parents of Sunday school students will be asked from time to time to help out with the various religious education activities. Your participation will benefit our children.*

**Parents, please consider volunteering for the following:**

\_\_\_\_\_ I am interested in volunteering as a Sunday School teacher or assistant.

\_\_\_\_\_ I am interested in volunteering as a Sunday School substitute teacher

**Parents, please fill out the following:**

\_\_\_\_\_ **I give permission** to St. Andrew to have pictures of my child on any written or electronic publication or social media page of St. Andrew Greek Orthodox Church.

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

**Parent's Signature**

X \_\_\_\_\_ Date \_\_\_\_\_

PTA Membership (**\$15** per Family) + (**\$10** per student) cash \_\_\_\_\_ check # \_\_\_\_\_ \$ \_\_\_\_\_

Or ✓ **HAS Family** \_\_\_\_\_

*Paid PTA Membership with Greek School Registration 2017-2018*