

SAINT ANDREW FAMILY INFORMATION 2023-2024

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 2023-2024

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 2nd Form for more than 4 students in same family page 2 of 2

Name of student with List **Allergies** if any: _____

OFFICE USE ONLY					DUE	PAID
Family Stewardship 2023 Pledge is current (if not please request Pledge) <i>minimum stewardship pledge required \$500</i>					_____	_____
PTA \$30 PER FAMILY					_____	_____
HAS	1 hr class \$320	1.5 hr class \$480	2 hr class \$640		_____	_____
DANCE \$320 per student	CIRCLE ONE	GROUP 1	GROUP 2	GROUP 3	_____	_____
Date	Check #	cash	Receipt No*	Total	_____	_____

BALANCE DUE = \$ _____