

CHURCH SCHOOL REGISTRATION FORM

Child's Last Name _____ First Name _____
Birth Date _____ Age _____ Grade _____
Baptismal Name _____ Name Day _____
Is the child an Orthodox Christian? Yes _____ No _____

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Birth Date _____ Age _____ Grade _____
Baptismal Name _____ Name Day _____
Is the child an Orthodox Christian? Yes _____ No _____

Parent's Names: Father _____
 Mother _____

Home Address _____
 City _____ State _____ Zip+4 _____

Mailing Address (If different) _____
 City _____ State _____ Zip+4 _____

Phone Numbers: Home _____ Work _____

Email ID: _____

God Parent's Name _____
Do they live nearby? _____

Is there anything specific you would like your child to know or better understand this Church School year?

Church School is responsible for hosting coffee hour on the first Sunday of every month. Please consider volunteering to host once per year. Please indicate which three months you prefer and order your preferences so that we can have options in scheduling?

September October November December January February
March May June July August

Church School Donation – Free Will

Parent's Signature

Date