

Saint Paul's Greek Orthodox Church
Church School Registration Form 2018/19 - New Family

Parent 1 Name _____ Parent 2 Name _____

Home Address _____

City / State _____ Zip _____

Home Phone _____

Parent 1 Cell # _____ Parent 2 Cell # _____

Email Address _____

Child 1 Name _____

Date of Birth _____ Age in Years _____

Circle Class for 2016-17: Age 3 Age 4 Age 5 Kindergarten Grade: 1st 2nd 3rd 4th 5th 6th
7th 8th 9th 10th 11th 12th

Baptized Orthodox Christian? Yes No

Child 1 Known Allergies or Medical Concerns _____

Child 2 Name _____

Date of Birth _____ Age in Years _____

Circle Class for 2016-17: Age 3 Age 4 Age 5 Kindergarten Grade: 1st 2nd 3rd 4th 5th 6th
7th 8th 9th 10th 11th 12th

Baptized Orthodox Christian? Yes No

Child 2 Known Allergies or Medical Concerns _____

Child 3 Name _____

Date of Birth _____ Age in Years _____

Circle Class for 2016-17: Age 3 Age 4 Age 5 Kindergarten Grade: 1st 2nd 3rd 4th 5th 6th
7th 8th 9th 10th 11th 12th

Baptized Orthodox Christian? Yes No

Child 3 Known Allergies or Medical Concerns _____

Please complete this form with information about your Church School student and return to the Church School Table in front of the church on September 16th or 23rd or to your child's teacher after that. A suggested donation of \$15.00 - \$20.00 per student will help defray the cost of materials.