

**ST. ANDREW'S GREEK ORTHODOX CHURCH
SUNDAY CHURCH SCHOOL REGISTRATION
2018 - 2019**

PARENT/GUARDIAN

NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

MOBILE PHONE: _____ Do you want to receive text updates/reminders? Yes No

PARENT/GUARDIAN

NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

MOBILE PHONE: _____ Do you want to receive text updates/reminders? Yes No

Number to contact in the unlikely event of an emergency: _____

WAYS TO HELP

- Yes, I would love to be a teacher (full or part time)
- Yes, I would love to be a substitute teacher
- Yes, I would love to help with special events
- Yes, I would love to help with the Monthly Mission

PHOTOGRAPH AUTHORIZATION

As a parent or guardian of this child/these children, I hereby consent to the use of photographs/videotape taken during the course of the year for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

- Yes, I give consent for Saint Andrews to photograph my child(ren)
- No, I do not authorize Saint Andrews to photograph for my child(ren)

Parent Signature: _____ Date: _____

PARENTAL COMMITMENT

- I commit myself to bring my child(ren) to church, and I will encourage my child(ren) to participate in the activities and programs of the Sunday School and of our church.
- I will submit my donation of \$30 per child to help cover the costs of books and materials for the Sunday School program

Parent Signature: _____

Date: _____

STUDENT INFORMATION

CHILD 1:

BAPTISMAL NAME: _____ COMMON NAME: _____

NAME DAY: _____ BIRTHDATE: _____

GRADE ENTERING SCHOOL: _____ NAME OF SCHOOL: _____

CHILD'S EMAIL: _____ MOBILE PHONE: _____

ANY SPECIAL NEEDS/ALLERGIES? _____

May we contact your child directly via email and/or text for program updates/reminders (age 13+)? Yes No

CHILD 2:

BAPTISMAL NAME: _____ COMMON NAME: _____

NAME DAY: _____ BIRTHDATE: _____

GRADE ENTERING SCHOOL: _____ NAME OF SCHOOL: _____

CHILD'S EMAIL: _____ MOBILE PHONE: _____

ANY SPECIAL NEEDS/ALLERGIES? _____

May we contact your child directly via email and/or text for program updates/reminders (age 13+)? Yes No

CHILD 3:

BAPTISMAL NAME: _____ COMMON NAME: _____

NAME DAY: _____ BIRTHDATE: _____

GRADE ENTERING SCHOOL: _____ NAME OF SCHOOL: _____

CHILD'S EMAIL: _____ MOBILE PHONE: _____

ANY SPECIAL NEEDS/ALLERGIES? _____

May we contact your child directly via email and/or text for program updates/reminders (age 13+)? Yes No

CHILD 4:

BAPTISMAL NAME: _____ COMMON NAME: _____

NAME DAY: _____ BIRTHDATE: _____

GRADE ENTERING SCHOOL: _____ NAME OF SCHOOL: _____

CHILD'S EMAIL: _____ MOBILE PHONE: _____

ANY SPECIAL NEEDS/ALLERGIES? _____

May we contact your child directly via email and/or text for program updates/reminders (age 13+)? Yes No

Please return this form by email, snail mail or by dropping it off in the Church Office. Payments can be submitted to the Church Office via check or cash or via credit card online at www.standreworthodox.org

Questions?

Contact Sunday School coordinator Tracey Lazos at traceyklazos@gmail.com with any questions or to submit your form via email.