

ST. ANDREW'S GREEK ORTHODOX CHURCH SUNDAY CHURCH SCHOOL REGISTRATION 2017 – 2018

Please complete this registration for your family and submit to the Church Office or email to sasschicago@gmail.com. Payments can be submitted to the Church Office via check or cash.

Contact Sunday School coordinator Tracey Lazos at sasschicago@gmail.com with any questions.

CONTACT INFORMATION

FAMILY LAST NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____ PRIMARY E-MAIL ADDRESS: _____

FEEDBACK

We are always looking to improve the Sunday School program to make it the best for our children and youth. Please provide feedback or suggestions for the 2017-2018 year.

PARENT/GUARDIAN INFORMATION

NAME: _____

MOBILE PHONE: _____ E-MAIL ADDRESS: _____

Parental commitment

- I commit myself to bring my child(ren) to church every Sunday, and I will encourage my child(ren) to participate in all of the activities and programs of the Sunday School and of our church.
- I will submit my donation of \$60 for the first child and \$10 for each additional child to help cover the costs of books and materials for the Sunday School program

NAME: _____

MOBILE PHONE: _____ E-MAIL ADDRESS: _____

Parental commitment

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CHILD 1:

BAPTISMAL NAME: _____ COMMON NAME: _____
NAME DAY: _____ BIRTHDATE: _____
GRADE ENTERING SCHOOL: _____ NAME OF SCHOOL: _____
CHILD'S EMAIL: _____
ANY SPECIAL NEEDS/ALLERGIES? _____

CHILD 2:

BAPTISMAL NAME: _____ COMMON NAME: _____
NAME DAY: _____ BIRTHDATE: _____
GRADE ENTERING SCHOOL: _____ NAME OF SCHOOL: _____
CHILD'S EMAIL: _____
ANY SPECIAL NEEDS/ALLERGIES? _____

CHILD 3:

BAPTISMAL NAME: _____ COMMON NAME: _____
NAME DAY: _____ BIRTHDATE: _____
GRADE ENTERING SCHOOL: _____ NAME OF SCHOOL: _____
CHILD'S EMAIL: _____
ANY SPECIAL NEEDS/ALLERGIES? _____

CHILD 4:

BAPTISMAL NAME: _____ COMMON NAME: _____
NAME DAY: _____ BIRTHDATE: _____
GRADE ENTERING SCHOOL: _____ NAME OF SCHOOL: _____
CHILD'S EMAIL: _____
ANY SPECIAL NEEDS/ALLERGIES? _____
