

**St. George Cathedral**  
2010-2011 Sunday School Registration Form

**Please return to the Sunday School Registration Table after Church in the Great Hall**

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell \_\_\_\_\_

E-MailAddress \_\_\_\_\_

Children Names	M/F	Date of Birth	Age	Sunday School Grade	Name Day
_____					
_____					
_____					
_____					
_____					

In case of emergency contact \_\_\_\_\_ Ph \_\_\_\_\_

Please indicate any learning disabilities or other circumstances that teachers should be aware:

\_\_\_\_\_

Please indicate any allergies (food) or other medical/physical concerns:

\_\_\_\_\_

(Child/children's name(s) has my permission to participate in St. George Sunday School. I understand that neither St George Greek Orthodox Cathedral or those in charge will be held responsible in case of an accident or injury.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_