

SUNDAY SCHOOL REGISTRATION

Parent's Name _____

Address _____

City, State, Zip Code _____

Home Phone _____ Mother's Cell _____ Father's Cell _____

Email Address _____ Email Address _____

Students Names	M/F	Date of Birth	Age	Sunday School Grade	Patron Saint Name Day
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1. _____

2. _____

3. _____

4. _____

5. _____

In case of emergency contact _____ Phone _____

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

Please indicate any allergies and/or other medical/physical concerns:

The above students _____ has/have my permission to participate in St. George Greek Orthodox Cathedral Sunday School. I will take an active role in my child's St. George Sunday School education. I understand and agree to comply with the attendance policy. Furthermore, I understand that neither St. George Greek Orthodox Cathedral nor those in charge will be held responsible in case of an accident or injury.

Signed _____ Date _____