Saints Peter and Paul Greek Orthodox Church

SUNDAY SCHOOL REGISTRATION FORM 2025-2026

Name of Parents: _____

Address: _____

City/Postal Code: _____

Telephone Number: _____

Email Address: _____

Emergency Contact: _____

CHILDREN:

NAME **(Please include child's baptismal name)**	GRADE
_____	_____
_____	_____
_____	_____

ALLERGIES AND/OR OTHER MEDICAL/BEHAVIOURAL CONCERNS:

What is your social media preference?

_____

Simply add your name below if you can volunteer and we will contact you to schedule a Sunday that is convenient for you.

Name:_____

☐ Please check the box if you DO NOT give permission for photos of your child(ren) to be used on our Church's website.

Please return completed form to Church office
OR
Emai: irispanagos1@gmail.com