

**Saints Peter and Paul Greek Orthodox Church**

**SUNDAY SCHOOL REGISTRATION FORM 2024-2025**

Name of Parents: \_\_\_\_\_

Address: \_\_\_\_\_

City/Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

**CHILDREN:**

NAME (Please include child's <u>baptismal</u> 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](mailto:irispanagos1@gmail.com)**