

Saints Peter and Paul Greek Orthodox Church

SUNDAY SCHOOL REGISTRATION FORM
2023-2024

Name of Parents: _____

Address: _____

City/Postal Code: _____

Telephone Number: _____

Email Address: _____

Emergency Contact: _____

CHILDREN:

NAME (Please include child's <u>baptismal</u> name)	GRADE
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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