

SAINT GEORGE GREEK ORTHODOX CATHEDRAL PHILADELPHIA, PA



REGISTRATION FORM

Student's Name: _____

Parents/Guardians: _____

Home Phone: (_____) _____ Preferred name: _____

Address: _____

City: _____ Zip Code: _____

Date of Birth: _____ Grade in School: _____

School Name: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Special needs that may limit participation in Sunday School: _____

Family Email Address (great for communication): _____

Are parents/guardians' members at St. George Greek Orthodox Cathedral? Yes / No

Does this Child have any Food Allergies? _____

Health problems that Sunday School staff should be aware of: _____

Does St. George Cathedral Sunday School have permission to take pictures of your child/children for use in church publications? (Example: website, newsletter, special events info.) Please check: () Yes () No

Parent/Guardian Signature _____