

Sunday School Registration

St. George Greek Orthodox Church

2020- 2021

(Please return completed form to Church Office)

WELCOME BACK!

Parent(s) Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Tele. No.: _____ Preferred form of communication:

Cell No: Mother _____ Home phone

May we text you Sunday School Cell phone

reminders? Yes No Text

Cell No: Father _____ Email

May we text you Sunday School

reminders? Yes No

Email Address: _____

Child's Name: _____

Baptismal Name: _____

Age: _____ Birthday: _____ Grade **2020-21** school year: _____

Allergies:

Child's Name: _____

Baptismal Name: _____

Age: _____ Birthday: _____ Grade **2020-21** school year: _____

Allergies:

Child's Name: _____

Baptismal Name: _____

Age: _____ Birthday: _____ Grade **2020-21** school year: _____

Allergies:

****Would you be interested in being a substitute Sunday School teacher? Yes No**