



Registration Fee: \$35 per Family

Cash: _____ Check: _____

Please return completed form and payment to:

JOY of St. Paraskevi

1 Shrine Place Greenlawn, NY 11740

FOR AGES 7 - 12 YEARS OLD

JOY of St. Paraskevi

Father/Mother/Guardian Name: _____

Home Address: _____

Home Telephone: _____ Cell Phone: _____

Email: _____

Please note that our main form of communication will be through email.

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Emergency Contact: _____

Home Telephone: _____ Cell Phone: _____

******Please keep us informed of any food allergies******

Does your child have any medical conditions or special needs that we should be made aware of? If so, please explain: _____

Medical Release:

In the event of sudden illness, injury or emergency, I authorize the JOY of St. Paraskevi, the Board/advisors to administer first aid/or secure medical care if necessary during a JOY function. This includes medical care and treatment by a first aid station, physician or hospital.

Parent/Guardian Signature: _____ Date: _____