

Little Angels of St. Paraskevi

For Ages: Birth to Five Years Old

Father/Mother/Guardian Name: _____

Home Address: _____

Home Telephone: _____ Cell Phone: _____

Email: _____

Please note: Our main communication will be through email and our Facebook Group: Little Angels of St. Paraskevi

Child's Name: _____

Child's Name: _____

Child's Name: _____

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 Little Angels of St. Paraskevi, the Board/Advisors to administer first aid and/or secure medical care if necessary during a Little Angels meeting/function. This includes medical care and treatment by a first aid station, physician or hospital.

Parent/Guardian Signature: _____ Date: _____

Registration Fee: \$25 dollars per family. Please return completed form and payment to Little Angels of St. Paraskevi, 1 Shrine Place, Greenlawn NY 11740 Attn: Effie Poulos

