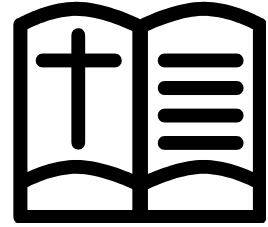




ST. PARASKEVI SUNDAY SCHOOL



The St. Paraskevi Sunday School teachers and staff invite all the children in our community to actively participate in our Sunday School program.

Grades run from Pre-K 4 years old to 12th grade Seniors.

Please use attached form to register your children today!

Classes begin on September 14th! All children should be in church by 9:45 a.m!

Please note: Children entering the 4 year old class must be 4 yrs. of age by December 31, 2014. Thank you.

SUNDAY SCHOOL REGISTRATION FORM

Child's Last Name: _____ Child's First Name: _____

Street Address: _____ Town: _____

Zip Code: _____ Phone Number: _____

Date of Birth: Month: _____ Day: _____ Year: _____

Child's religion: _____ Baptized: Yes _____ No _____

Church School Last Attended: _____

Father's (Guardian) Name: _____ Religion: _____

Mother's (Guardian) Name: _____ Religion: _____

GRADE (entering Sept. 2014): _____

Email address: _____

Allergy Information: _____

Check one:

___ New registrant

___ Re-registrant

Mail Registration Form to:
Saint Paraskevi Greek Orthodox Church
Attention: Sunday School Registration
1 Shrine Place
Greenlawn, New York 11740

SUNDAY SCHOOL REGISTRATION FORM

Child's Last Name: _____ Child's First Name: _____

Check one:

Street Address: _____ Town: _____

____ New registrant

Zip Code: _____ Phone Number: _____

____ Re-registrant

Date of Birth: Month: _____ Day: _____ Year: _____

Child's religion: _____ Baptized: Yes _____ No _____

Church School Last Attended: _____

Father's (Guardian) Name: _____ Religion: _____

Mother's (Guardian) Name: _____ Religion: _____

GRADE (entering Sept. 2014): _____

Email address: _____

Allergy Information: _____

* * * * *

Child's Last Name: _____ Child's First Name: _____

Check one:

Street Address: _____ Town: _____

____ New registrant

Zip Code: _____ Phone Number: _____

____ Re-registrant

Date of Birth: Month: _____ Day: _____ Year: _____

Child's religion: _____ Baptized: Yes _____ No _____

Church School Last Attended: _____

Father's (Guardian) Name: _____ Religion: _____

Mother's (Guardian) Name: _____ Religion: _____

GRADE (entering Sept. 2014): _____

Email address: _____

Allergy Information: _____

* * * * *

Child's Last Name: _____ Child's First Name: _____

Check one:

Street Address: _____ Town: _____

____ New registrant

Zip Code: _____ Phone Number: _____

____ Re-registrant

Date of Birth: Month: _____ Day: _____ Year: _____

Child's religion: _____ Baptized: Yes _____ No _____

Church School Last Attended: _____

Father's (Guardian) Name: _____ Religion: _____

Mother's (Guardian) Name: _____ Religion: _____

GRADE (entering Sept. 2014): _____

Email address: _____

Allergy Information: _____