



HOPE

Of Saint Paraskevi

1 Shrine Place, Greenlawn, NY 11740

2009-2010 Registration Form

Parent'/Guardian' Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

E-Mail: _____

Child's Name: _____ Date of Birth: _____ Age: _____

Child's Name: _____ Date of Birth: _____ Age: _____

Child's Name: _____ Date of Birth: _____ Age: _____

Emergency Contact: _____

Phone: _____ Cell: _____

****Please note that our main form of communication will be E-Mail. Please be sure to check your E-Mail for any schedule changes and/or updates****

**Please let us know if your child has any food allergies!!*

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

X _____
Parent/Guardian Signature

Date: _____

Registration Fee: \$20 per child
\$30 per family

Amt Paid: \$ _____

Cash: _____

Check: _____

Return this form to HOPE of St. Paraskevi, 1 Shrine Place, Greenlawn, NY 11740