

ST. GEORGE GREEK ORTHODOX CATHEDRAL
SUNDAY SCHOOL REGISTRATION FORM
2010 - 2011

NAME _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

PHONE NUMBER _____

DATE OF BIRTH _____

GRADE IN SCHOOL _____

MOTHER'S NAME _____

FATHER'S NAME _____

Does your child have any allergies or medical condition(s) that the staff should be aware of?

