

**Saints Peter and Paul Greek Orthodox Church**

**SUNDAY SCHOOL REGISTRATION FORM**

**2017– 2018**

Name of Parents: \_\_\_\_\_

Address: \_\_\_\_\_

City/Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

**CHILDREN:**

**NAME**  
**(Please include child's baptismal name)**

**GRADE**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ALLERGIES AND/OR OTHER MEDICAL/BEHAVIOURAL CONCERNS:**

\_\_\_\_\_

\_\_\_\_\_

**We strongly recommend that parents volunteer this year in their children's Sunday School classroom. Simply add your name below and we will contact you to schedule a Sunday that is convenient for you.**

Name: \_\_\_\_\_

- Please check the box if you DO NOT give permission for photos of your child(ren) to be used on our Church's website.