

All Saints Greek Orthodox Church
Sunday School Registration
 2008-09

Family Name		
Parent(s)		
Mailing Address		
Telephone	home	
	cell	
	emergency	
	other	
E-mail	home	
	other	

Please complete the following for **each child** (use the back if you need more room).

Name	Birthday dd/mm/yyyy	Age	allergies, medical conditions, special needs (if applicable)

Thank you!