

**Holy Trinity Greek Orthodox Church**  
**2019/2020 Sunday School Registration**

Father's Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Email address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone number \_\_\_\_\_  
Email address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Preferred Contact Method    Email    Cell    Text

Emergency Contact: \_\_\_\_\_ Phone number \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_\_

Baptismal Saint & Date (if you know it) \_\_\_\_\_

Medical or Food Allergies \_\_\_\_\_

Is there anything else you would like us to know about your child? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_\_

Baptismal Saint & Date (if you know it) \_\_\_\_\_

Medical or Food Allergies \_\_\_\_\_

Is there anything else you would like us to know about your child? \_\_\_\_\_

\_\_\_\_\_  
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Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_\_

Baptismal Saint & Date (if you know it) \_\_\_\_\_

Medical or Food Allergies \_\_\_\_\_

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Baptismal Saint & Date (if you know it) \_\_\_\_\_

Medical or Food Allergies \_\_\_\_\_

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