

**ASSUMPTION GREEK ORTHODOX CHURCH
SUNDAY CHURCH SCHOOL
2011-2012**



Sunday Church School Begins on Sunday, September 11th

(PLEASE RETURN YOUR REGISTRATION FORM TO THE CHURCH OFFICE)

PARENTS' (OR GUARDIAN'S) NAMES

LAST NAME _____

MOTHER _____ **FATHER** _____

MOTHER'S RELIGION _____ **FATHER'S RELIGION** _____

CHILDREN'S RELIGION _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

HOME PHONE _____ **WORK PHONE** _____

E-MAIL ADDRESS _____

NAMES OF CHILDREN PATRON SAINT DATE OF BIRTH GRADE ENTERING

1) _____

2) _____

3) _____

4) _____

PLEASE LIST ANY

ALLERGIES _____

IN CASE OF EMERGENCY: PERSON(S) TO CALL (Other than Parents/Guardians):

Name: _____ Phone: () _____

Name: _____ Phone: () _____

WAIVER OF RESPONSIBILITY:

Parent/Guardian I do hereby release the Assumption Greek Orthodox Church and the Greek Orthodox Metropolis of Chicago from any liability for any injury that he/she may incur participating in Youth Ministries (including, but not limited to: Athletics Program, Religious Education, Youth Group activities, field trips and off-campus retreats, etc.). I agree to release my child for emergency medical treatment if I cannot be contacted.

Signature: _____ **Date:** _____