



**ARCHANGEL MICHAEL GREEK ORTHODOX CHURCH
SUNDAY SCHOOL
2011-2012 REGISTRATION FORM**

100 FAIRWAY DRIVE, PORT WASHINGTON, NEW YORK 11050 516/944-3180

THIS FORM MUST BE FILLED OUT CLEARLY AND COMPLETELY

Student Name _____

Address _____

City, State, Zip _____

Home Telephone _____ Date of Birth _____

Parent's E-Mail Address _____

Baptismal Name _____ Nameday _____

Mother's Name _____ Father's Name _____

Mother's Cell _____ Father's Cell _____

Other Emergency Contact: Name _____ Relationship _____

Home Number _____ Cell Number _____

List any food or other types of allergies _____

Has the student been baptized or chrismated in the Canonical Orthodox Church? Yes No

Last Sunday School Grade attended _____ Grade in Public School as of 9/2011 _____

Are you a steward of Archangel Michael Church? Yes No

Would you be willing to help the Sunday School with any of its activities? Yes No

1ST CHILD: \$40.00 2ND CHILD: \$35.00 3RD CHILD: \$30.00
NO FEE FOR EACH ADDITIONAL CHILD THEREAFTER

**JESUS SAID, "LET THE LITTLE CHILDREN COME TO
ME, AND DO NOT STOP THEM; FOR IT IS TO SUCH AS
THESE THAT THE KINGDOM OF HEAVEN BELONGS."**



MATTHEW 19:13

FOR OFFICE USE ONLY

BOOK FEE: \$ _____ DATE PAID: _____ CHECK# _____ CASH: _____