

# SAINT DEMETRIOS GREEK ORTHODOX CHURCH

2504 Cub Hill Road, Baltimore, Maryland 21234

Office: 410-661-1090



**2010 ~ 2011**

## Church School Registration Form

(Registration Day: Sunday, September 12<sup>th</sup> @ 10AM in the Church's Main Hallway)

**CLASSES START: SUNDAY, SEPTEMBER 19<sup>TH</sup> @ 9:55AM**

Child's Full Name: \_\_\_\_\_ Baptized in Orthodox Faith:  YES  NO

Church & Date of Baptism: \_\_\_\_\_ Stewardship at St. Demetrios:  YES  NO

(As of September / Current Year) Child's Age: \_\_\_\_\_ Grade in Public or Private School: \_\_\_\_\_

Parent's Name: (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- My child is a new student to this Church School Program:  YES  NO

- I am willing to assist as a Room Parent for my child's Church School Class:  YES  NO

- Does child have any allergies, illnesses and/or special accommodation needs:  YES  NO

If 'YES' explain: \_\_\_\_\_

### IN CASE OF AN EMERGENCY AND I AM NOT IN CHURCH, PLEASE CALL:

Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ I hereby authorize this contact person to pick up my child:  YES  NO

**PARENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Please complete this form, sign and fax to: 410-661-1134 or mail to the above address,  
**ATTN: Church School Director.**