



2019-2020 Church School Registration Form

This form will be used at all events and activities. Please make sure your information is accurate and is submitted to the youth office by September 8, 2019.

Name of Parents/Legal Guardians: _____

Address: _____ City and Zip: _____

Email of Father: _____ <-- Check to use for Youth Communications

Email of Mother: _____ <-- Check to use for Youth Communications

By providing your email you agree to receive religious materials, information on activities, events, and meetings from St. Mary's Church School Program and Youth Office. Please print emails clearly.

Home Phone			
Father's Cell		Father's Work	
Mother's Cell		Mother's Work	

If unavailable, please call: _____

Name - Relationship Phone #

Child's Name	Date of Birth	Grade in School	Orthodox?	Allergies? Special Needs?
			Y N	___NO ___YES*
			Y N	___NO ___YES*
			Y N	___NO ___YES*
			Y N	___NO ___YES*

*If yes, please explain: _____

*NOTE: The church and youth office will NOT provide or administer medications for allergies.
Please include special services that children receive in public schools. (e.g. Special Ed., Speech etc.)*

DOCTOR: _____

Name Phone #

EMERGENCY: In case of emergency, I hereby authorize the personnel of St. Mary's Church to obtain medical treatment for my child(ren).

Parent's Signature: _____ Date: _____

PHOTO PERMISSION: St. Mary's Youth Department may place photos of our child(ren) on St. Mary's Website (www.stmarysoca.org). Names will not be used nor any identification of individuals.

Parent's Signature: _____ Date: _____