

# St. Nicholas Greek Orthodox Church

## Sunday School Registration

Student Name: 2010-2011  
September 5, 12, & 19

(First)

(Last)

(Baptismal)

**Parent/Step parent/Guardian/or Godparent Name(s):**

(Please record name(s) of person/people bringing child(ren) to Sunday School and your relationship to child(ren).)

**Street**

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

(Please record address and e-mail address)

**E-mail**

**Address:** \_\_\_\_\_

(Please record legibly)

**Phone:** \_\_\_\_\_

(Please record primary contact number and indicate if cell or home and contact person)

**Student Information:**

**First Name**

**Grade/Age**

**Birthdate**

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*Please indicate an area you would like to volunteer.*

*Mark the area(s) of participation*

Teacher \_\_\_\_\_

Christmas Program \_\_\_\_\_

Assistant Teacher \_\_\_\_\_

Pascha/Agape Egg Hunt \_\_\_\_\_

Substitute Teacher \_\_\_\_\_

Oratorical Festival \_\_\_\_\_

Refreshments \_\_\_\_\_

End of Year Picnic \_\_\_\_\_

End of year Graduation \_\_\_\_\_

There are opportunities for you to be involved on a weekly basis or once a month or once a year. We would love to have you participate in our program.