

# SAINT ANDREW **FAMILY** INFORMATION

**FAMILY Name:** \_\_\_\_\_

**MOTHER'S NAME** \_\_\_\_\_

MOTHER'S RELIGION

CHRISTIAN ORTHODOX

ADDRESS \_\_\_\_\_

OTHER RELIGION *specify* \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

MOBILE \_\_\_\_\_ E-MAIL \_\_\_\_\_

HOME PHONE \_\_\_\_\_ DAY PHONE \_\_\_\_\_

**FATHER'S NAME** \_\_\_\_\_

FATHER'S RELIGION

CHRISTIAN ORTHODOX

ADDRESS \_\_\_\_\_

OTHER RELIGION *specify* \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

MOBILE \_\_\_\_\_ E-MAIL \_\_\_\_\_

DAY PHONE \_\_\_\_\_

WILL USE BOTH EMAILS ABOVE OR **PREFERED E-MAIL** \_\_\_\_\_

**EMERGENCY Numbers** (if a parent cannot be reached please call one of the following)

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

Do you have **FACEBOOK?** Circle: **YES** **NO**

*Information will be shared with Authorized Persons in charge of: Greek School, Sunday School, Greek Dance, GOYA Dance, GOYA | JOY | HOPE | LAP | Scouts*

**Parents, please fill out the following:**

- \_\_\_\_\_ **I give permission** to Saint Andrew to have pictures of my child on any written or electronic publication or social media page of St. Andrew Greek Orthodox Church.
- \_\_\_\_\_ **I DO NOT give permission** to Saint Andrew to have pictures of my child on any written or electronic publication or social media page of St. Andrew Greek Orthodox Church.

Parent's name \_\_\_\_\_ Parent's Signature X \_\_\_\_\_

Please complete reverse side as well 1/2 →

# SAINT ANDREW **Student** INFORMATION

**NAME** \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ (IN GREEK IF HAS STUDENT) \_\_\_\_\_ ORTHODOX BAPTISMAL NAME \_\_\_\_\_

AGE \_\_\_\_\_  
AGE ON OCT 1ST      GRADE in Public School      DATE OF BIRTH      DATE of BAPTISM      DATE of NAME DAY

Student will attend \_\_\_\_\_ circle if student will be joining any of these youth groups

SUNDAY SCHOOL **GRADE** \_\_\_\_\_ GREEK SCHOOL **GRADE** \_\_\_\_\_ GREEK DANCE \_\_\_\_\_ GOYA | JOY | HOPE | LAP | Scouts

If applicable Student's cell phone \_\_\_\_\_ e-mail \_\_\_\_\_

**NAME** \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ (IN GREEK IF HAS STUDENT) \_\_\_\_\_ ORTHODOX BAPTISMAL NAME \_\_\_\_\_

AGE \_\_\_\_\_  
AGE ON OCT 1ST      GRADE in Public School      DATE OF BIRTH      DATE of BAPTISM      DATE of NAME DAY

Student will attend \_\_\_\_\_ circle if student will be joining any of these youth groups

SUNDAY SCHOOL **GRADE** \_\_\_\_\_ GREEK SCHOOL **GRADE** \_\_\_\_\_ GREEK DANCE \_\_\_\_\_ GOYA | JOY | HOPE | LAP | Scouts

If applicable Student's cell phone \_\_\_\_\_ e-mail \_\_\_\_\_

**NAME** \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ (IN GREEK IF HAS STUDENT) \_\_\_\_\_ ORTHODOX BAPTISMAL NAME \_\_\_\_\_

AGE \_\_\_\_\_  
AGE ON OCT 1ST      GRADE in Public School      DATE OF BIRTH      DATE of BAPTISM      DATE of NAME DAY

Student will attend \_\_\_\_\_ circle if student will be joining any of these youth groups

SUNDAY SCHOOL **GRADE** \_\_\_\_\_ GREEK SCHOOL **GRADE** \_\_\_\_\_ GREEK DANCE \_\_\_\_\_ GOYA | JOY | HOPE | LAP | Scouts

If applicable Student's cell phone \_\_\_\_\_ e-mail \_\_\_\_\_

HAS Students need to complete additional Form      Use 2<sup>nd</sup> Form for more than 4 students in same family page 2 of 2

Name of student with List **Allergies** if any: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	<b>DUE</b>	<b>PAID</b>
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Family Stewardship **2019 Pledge** is current (if not please request Pledge) \_\_\_\_\_

PTA **\$15 PER FAMILY + (\$10 PER STUDENT \$ \_\_\_\_\_ )=** \_\_\_\_\_

\* **HAS** early 1 hr class **\$291**      1.5 hr class **\$430**      2 hr class **\$572**      \_\_\_\_\_

After July 1<sup>st</sup> 1 hr class **\$320**      1.5 hr class **\$481**      2 hr class **\$631**      \_\_\_\_\_

**DANCE \$310 per student**      circle      JR      SR      GOYA      \_\_\_\_\_

Date \_\_\_\_\_ Check # \_\_\_\_\_ cash \_\_\_\_\_ Receipt #\* \_\_\_\_\_ Total \_\_\_\_\_

**BALANCE DUE = \$ \_\_\_\_\_**