

Saint Nectarios Greek Orthodox Church and Shrine



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SUNDAY SCHOOL REGISTRATION FORM

STUDENT INFORMATION:

NAME OF STUDENT:		
BIRTHDATE (MM/DD/YY)		AGE:
STREET ADDRESS:		
CITY		
PARENT/GUARDIAN	I INFORMATION:	
PARENT'S NAME		
MAILING ADDRESS		
CITY		
EMAIL ADDRESS		
EMERGENCY CONTACT		
Parent's/Guardian's Signat	ture:	