

SAINT ANDREW FAMILY INFORMATION 2024-2025

FAMILY Name: _____

MOTHER'S RELIGION

MOTHER'S NAME _____

CHRISTIAN ORTHODOX

ADDRESS _____

OTHER RELIGION *specify* _____

CITY, STATE, ZIP _____

MOBILE _____ E-MAIL _____

HOME PHONE _____ DAY PHONE _____

FATHER'S RELIGION

FATHER'S NAME _____

CHRISTIAN ORTHODOX

ADDRESS _____

OTHER RELIGION *specify* _____

CITY, STATE, ZIP _____

MOBILE _____ E-MAIL _____

DAY PHONE _____

*We will communicate with **BOTH E-MAILS ABOVE OR PREFERRED 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?** **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 Saint Andrew 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 Saint Andrew Greek Orthodox Church.
- _____ Our Family will be a member of the Saint Andrew PTA (\$30.00)

Parent's name _____ Parent's Signature X _____

Please complete reverse side as well 1/2 ⇒

SAINT ANDREW **STUDENT** INFORMATION 2024-2025

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 **check** if student will be joining any of these youth groups

SUNDAY SCHOOL **GRADE** _____ GREEK SCHOOL **LEVEL** _____ 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 **check** if student will be joining any of these youth groups

SUNDAY SCHOOL **GRADE** _____ GREEK SCHOOL **LEVEL** _____ 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 **check** if student will be joining any of these youth groups

SUNDAY SCHOOL **GRADE** _____ GREEK SCHOOL **LEVEL** _____ GREEK DANCE _____ GOYA JOY HOPE LAP Scouts

If applicable Student's cell phone _____ **e-mail** _____

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

Name of student with List **Allergies** if any: _____

If you have not yet submitted a PLEDGE FOR THIS YEAR, we ask you to do so now. As we move toward becoming a percentage giving community, we are adopting a rounding up approach to giving. To learn more about what this means, click on <https://standrewgonj.org/stewardship/#round-up> or speak to a member of the parish council or the stewardship ministry.

If you are not already a member of Saint Andrew, please consider a pledge starting out at 1% of your income.

In gratitude for God's Blessings, please click on and fill in the [Stewardship Pledge Form](#) please send to the church office