St. George Church School Family Registration 2024-2025



Family Name:						CLITTON IN
City/State: Zip Code:						
Parent's Names:						
			Mother's Cell			
ather's Email: Father's Cell:						
			Mother Father			
Student's Full Name (li	ist all)	Baptized Orthodo x Yes/No	Baptismal Name	Date of Birth	Age	Grade in School
	* Only those child	dren baptize	ed in the Orthodox Faith ca	an receive Holy Comm	nunion.	.
Name(s)	ent email address need		ndes 7 through 12 <i>(parel</i>	nts are always copied Email		
Does your child hav	e any allergies? Yes	s 🗆 N	o If yes, please lis	st:		
Does your child hav	e any special needs th	nat we sho	uld be aware of? Yes	□ No □ If	yes, pleas	e explain:
	of volunteers and we diffic accommodations th		to try and accommodate enecessary.	every student. Please	see a direc	tor to privately
Would you be intere	sted in assisting with	Sunday S	chool: Yes \square No	☐ Maybe, Tell M	Me More	
*******	*******	*****	*******	********	******	******
S	Student would be inter	rested in le	earning more about the	following St. Geor	ge ministr	ies:
			GOYA (grades 7-12) _			
	A	nnual Reg	gistration Fee - \$40.00	per Family		
	Date Paid:		Check #:	Cash:		
			oto, taken within the contoook page of St. George.			
Parent's signature					Date:	