



Saint George Greek Orthodox Church
Little Angels Registration Form
2009-2010

Registration: Saturday, September 15th at 5:30 p.m.

Father's Name: _____

Mother's Name: _____

Address: _____

City: _____ Zip: _____

E-Mail: _____ Phone: _____

Emergency Contact, Name & Number: _____

Student's Full Name Age Date of Birth Grade in School

Does your child suffer from any allergies? If yes, please specify:

