

ST. SOPHIA 2019-2020 YOUTH PROGRAM REGISTRATION FORM

Check:

- Sunday School
- Greek School
- GOYA 9-12 grades
- Jr. GOYA 5-8 grades
- JOY K-4 grades
- Dance Group
- Altar
- Play Date

Children Name(s)	DOB	Grade	Baptismal Name/ Patron Saint
1. _____			
2. _____			
3. _____			
4. _____			

School District: _____

Contact Information

Email Address(es): _____

Address:

Street: _____ Apt # _____

City: _____ Zip Code: _____

Home Phone number: _____

Emergency Contact & Phone # : _____

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Check and provide address below if either parent or assigned guardian has different address than student

Mother Father Guardian Name: _____

Street: _____ Apt # _____

City: _____ Zip Code: _____

Email: _____

Food or other ALLERGIES:

I agree to abide by the rules and covenants of our church.

Parent's Signature: _____ Date _____