

# SAINT ANDREW FAMILY INFORMATION

**FAMILY Name:** \_\_\_\_\_

**MOTHER'S NAME** \_\_\_\_\_

MOTHER'S RELIGION

CHRISTIAN ORTHODOX

ADDRESS \_\_\_\_\_

OTHER RELIGION *specify* \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

MOBILE \_\_\_\_\_ E-MAIL \_\_\_\_\_

HOME PHONE \_\_\_\_\_ DAY PHONE \_\_\_\_\_

**FATHER'S NAME** \_\_\_\_\_

FATHER'S RELIGION

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?** Circle: **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 Greek Orthodox 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.

Parent's name \_\_\_\_\_ Parent's Signature X \_\_\_\_\_

Please complete reverse side as well 1/2 ➡

# SAINT ANDREW **Student** INFORMATION

**NAME**

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LAST NAME
FIRST NAME (IN GREEK IF HAS STUDENT)
ORTHODOX BAPTISMAL NAME

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AGE \_\_\_\_\_

AGE ON OCT 1ST
GRADE in Public School
DATE OF BIRTH
DATE of BAPTISM
DATE of NAME DAY

---

Student **will attend** **circle** 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**

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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** **circle** 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** **circle** 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 2<sup>nd</sup> Form for more than 4 students in same family page 2 of 2

Name of student with List **Allergies** if any: \_\_\_\_\_

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<b>OFFICE USE ONLY</b>	<b>DUE</b>	<b>PAID</b>
Family Stewardship <b>2021 Pledge</b> is current (if not please request Pledge) <u>minimum stewardship pledge required \$500</u>	_____	_____
PTA <b>\$25 PER FAMILY</b>	_____	_____
<b>HAS</b> 1 hr class <b>\$295</b> 1.5 hr class <b>\$435</b> 2 hr class <b>\$590</b>	_____	_____
<b>DANCE \$310 per student</b> ⓪ <b>CIRCLE ONE</b> GROUP 1    GROUP 2    GOYA	_____	_____
<b>Date</b> <b>Check #</b> <b>cash</b> <b>Receipt No*</b> <b>Total</b>	_____	_____

**BALANCE DUE = \$** \_\_\_\_\_