

**SAINT INNOCENT ORTHODOX
CHURCH
SATURDAY SCHOOL
REGISTRATION 2019-2020**



Name _____

Address _____
Street & Apt. # City State Zip

Phone Number _____ Email Address _____

Birth Date _____ Age _____ Baptism Date _____ Grade _____

Parent Contact _____

Name	Home Phone	Cell Phone
_____	_____	_____
Name	HomePhone	Cell Phone
_____	_____	_____

Emergency Contact (other than parents) Name of persons who may pick up your child from Saturday School

Name	HomePhone	Cell Phone
_____	_____	_____
Name	HomePhone	Cell Phone
_____	_____	_____

Allergies/Medical conditions or other concerns:

Is there anything you would like us to know about your child?

If I am not available, and a medical emergency arises, the supervising teacher has my permission to seek medical help at:

Name of hospital

I give permission to take my child's picture for classroom projects and/or church website. ____ Yes ____ No

Parent's Signature _____ Date _____

PLEASE FILL A SEPARATE FORM FOR EACH CHILD YOU ARE REGISTERING AND EITHER MAIL THEM OR
DROP THEM OFF IN THE CHURCH OFFICE.
THANK YOU!