Greek Community of Toronto St. Demetrios Greek Orthodox Church Sunday School Registration Form -- Year 2013-2014

Full Name of Student (Englis	sh)	
Full Name of Student (Greek	<)	
Student's Date of Birth Day/Month/Year		Student's Current Grade
Number & Street Address		
City	Province	Postal Code
Home Telephone Number		Parent's E-mail Address
I commit my email to be sha	red with the Greel	k Orthodox Metropolis Toronto
Yes 🗆		
No 🗆		
Alternate Contact Number		
Name of Parent/Guardian (P	lease Print)	
Name of Registrant if not the	e parent/legal guar	rdian and Relationship to Student
Allergies, medical conditions	s of the student w	e should be aware of?
Donation: \$ Your donations help our Sunday Thank you for your support and	v	ls, books, and many more things for our stu
Disclaimer:		
I,		(Please print full name of parent/guardian

I, ______(Please print full name of parent/guardian), give permission for my child, ______(please print full name of child), to be photographed during events, photos of which may be put in the monthly newsletter of our Sunday School and online on the Church website.

Signature of Parent (or of student, if over 18 years of age) □ Yes, I'm willing to be a volunteer for Sunday School!