

St. Michael Orthodox Church

Church School Registration Form 2019-2020

Child's Name _____ Baptismal Name: _____

Mailing Address: _____

City/State/Zip: _____

Date of Birth: _____ Age: _____ School Grade: _____

Parent's Name: _____ Religion: _____

Parent's Phone #: _____ E-mail: _____

Does your child have any allergies or medical conditions that the staff should be aware of?

In case of an emergency or illness and parents cannot be reached, whom may we call?

Name: _____ Phone #: _____

Parent's Signature: _____ Date: _____

Please return this completed form to: Natalie Leva

nleva39@gmail.com

508-566-3365