

THE ARCHANGEL MICHAEL SUNDAY SCHOOL

www.ArchangelMichaelChurch.org 100 Fairway Drive • Port Washington, NY 11050 516i 944i 3180

Registration Form 201_-201_

Student's Name			
Complete Address			
Home #	Date of Birth		
Parent's Email Address			
Baptismal Name	Nameday		
Mother's Name:		Father's Name:	
Cell #		Cell #	
Other Emergency Contac	ct Name	F	Relationship
Home #		Cell #	
List any food or other ty	pes of allergies		
Has the student been ba	ptized or chrismated ir	n the Canonical Orthod	dox Church? Yes No
Last Sunday School Gra	de attended	Grade in Public	School as of Sept. 201_
Are you a steward of the	Archangel Michael Cl	hurch? Yes	No
Would you be willing to	help the Sunday Scho	ool with any of its activ	vities? Yes No
Would your child be into Boys in 3rd Grade and up w	, .	-	ys? Yes No
1st Child: \$45	5.00 2 ^{no}	^d Child: \$40.00	3 rd Child: \$35.00
	**No fee for eacl	h additional child the	reafter
	e little children come dom of heaven belong	,	p them; for it is to such as
FOR OFFICE USE ONLY			
Book fee \$	Date Paid	Check #	Cash