The Archangel Michael Greek Orthodox Church, Port Washington, NY

Little Angels



for all your support.

for children 40 days up to 4 years old and angels in the womb

Membership Form 2022-2023

Child's Name:	
Child's Date of Birth:	
Father's Name:	Mother's Name:
Address:	
Home Phone #:	
Cell Phone #:	
Email:	
Is your child a baptized Ortho	odox Christian? (Yes / No)
If yes, what is your child's ba	ptismal name:
Any Medical Conditions or Foo	od Allergies? (Yes / No)
If yes, please explain:	
Emergency Contact Name:	Phone#:
Parent's Signature:	Date:
We'd like to express our deep	est gratitude to all the families who have
been attending our wonderfu	l gatherings. We'd like to offer the very best
to our Little Angels, and we n	need your support to help our program grow.
We will begin collecting a men	obership fee of \$25,00 per child. Thank you

Any questions, or for more information, please contact us at littleangels@archangelmichaelchurch.org