



ST. HARALAMBOS GREEK ORTHODOX CHURCH YOUTH REGISTRATION FORM

2019/2020

If your child is a newborn up to 12th grade, this **ONE** form can be used to register them for all youth activities. **PLEASE READ BOTH SIDES CAREFULLY, AND PLEASE WRITE CLEARLY.**

(PLEASE CHECK APPROPRIATE BOXES FOR EACH CHILD AND FOR EACH MINISTRY)
******PLEASE TURN IN FORM TO THE FRONT OFFICE!******
(PLEASE PRINT CLEARLY)

FAMILY LAST NAME _____

ADDRESS _____

CITY ZIP _____

HOME PH () _____

FATHER CELL PH () _____ MOTHER CELL PH () _____

FATHER'S E-MAIL _____ MOTHER'S E-MAIL _____

FATHER'S FIRST NAME _____ MOTHER'S FIRST NAME _____

1. CHILD'S NAME _____ **BAPTISMAL NAME** _____

AGE _____ BIRTHDATE _____ NAME DAY DATE _____

CELL PH () _____ E-MAIL ADDRESS _____

GRADE IN SCHOOL _____ NAME OF SCHOOL / WHERE _____

ANY SPECIAL NEEDS / THINGS WE SHOULD KNOW / ALLERGIES _____

- Little Angels (Newborn – 4 yrs old)** (no fee) **Family Night (K - 5th)** (\$40 per family) **Altar Boys (Grade 3 & up)** (no fee)
- Jr. GOYA (Grades 6 - 8)** (\$20 per person) **Sr.GOYA (Grades 9 - 12)** (\$20 per person) **Cub/Boy Scouts (1st – 12th grades)**

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2. CHILD'S NAME _____ **BAPTISMAL NAME** _____

AGE _____ BIRTHDATE _____ NAME DAY DATE _____

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GRADE IN SCHOOL _____ NAME OF SCHOOL / WHERE _____

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*****CONTINUED ON REVERSE*****

3. CHILD'S NAME _____ **BAPTISMAL NAME** _____
 AGE _____ BIRTHDATE _____ NAME DAY DATE _____
 CELL PH () _____ E-MAIL ADDRESS _____
 GRADE IN SCHOOL _____ NAME OF SCHOOL / WHERE _____
 ANY SPECIAL NEEDS / THINGS WE SHOULD KNOW / ALLERGIES _____

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4. CHILD'S NAME _____ **BAPTISMAL NAME** _____
 AGE _____ BIRTHDATE _____ NAME DAY DATE _____
 CELL PH () _____ E-MAIL ADDRESS _____
 GRADE IN SCHOOL _____ NAME OF SCHOOL / WHERE _____
 ANY SPECIAL NEEDS / THINGS WE SHOULD KNOW / ALLERGIES _____

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(Please circle answers)

ARE YOU WILLING TO HOST A MEAL(Little Angels, Family Night, Jr./Sr. GOYA) [YES] [NO]
IS FAMILY CURRENT STEWARD OF SAINT HARALAMBOS? [YES] [NO]
WOULD YOU LIKE TO RECEIVE *YOUTH* MAILINGS BY E-MAIL ONLY [YES] [NO]

*****REGARDING PARISH CORRESPONDENCE*****

Would you like to receive *PARISH* Mailings by E-mail only? [YES] [NO]

Preferred e-mail address if different from the front. _____

**PLEASE TURN IN FORM w/ FORM OF PAYMENT (if applicable)
 TO THE OFFICE OF SAINT HARALAMBOS!**

