



ST. HARALAMBOS GREEK ORTHODOX CHURCH

FAMILY NIGHT REGISTRATION FORM

2021/2022

PLEASE CHECK APPROPRIATE BOXES FOR EACH CHILD

*****PLEASE SUBMIT FORM TO AN ADVISOR OR THE FRONT OFFICE!*****
(IF YOU ALREADY FILLED OUT A YOUTH MINISTRY FORM JUST FILL THE SHADED BOX - 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 _____

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2. 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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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 _____

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 [YES] [NO]
 IS FAMILY CURRENT STEWARD OF SAINT HARALAMBOS? [YES] [NO]
 WOULD YOU LIKE TO RECEIVE *YOUTH* MAILINGS BY E-MAIL? [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 Submit FORM w/ FORM OF PAYMENT (RECOMMENDED DONATION: \$40)
 TO THE OFFICE OF
 SAINT HARALAMBOS**