

Holy Trinity Greek Orthodox Cathedral
Charlotte, North Carolina
Department of Religious Education

Sunday School Registration Form

Sunday School Grade: _____ Year: _____

Student Information

Student's Full Name: _____

Baptismal Name: _____ Nickname: _____

Student Home Address: _____

Birth Date (mm/dd/yyyy): _____ Age: _____ Gender (M/F): ____

Student E-mail Address: _____

Student Phone Number-Home: _____ Cell: _____

Current Academic School Grade: _____ Name Day: _____

I am interested in volunteering at: choir: ____ altar: ____ other (specify): ____

Parent/Guardian Information

Father's Full Name: _____

Mother's Full Name: _____

Guardian's Full Name: _____

E-mail Address: _____

Phone Number-Home: _____ Work: _____

Fax Number: _____ Cell Number: _____

I am interested in volunteering as: Sunday School Teacher _____

Substitute Teacher _____ Teaching Assistant _____ Sunday School Office

Assistant _____ Help with special events _____ Other (specify) _____

Emergency Contact (other than parent or guardian)

Name: _____ Phone: _____

Medical Information

Please list any medical problems, allergies, restrictions, medications, etc. of which staff should be aware: _____

Please bring this registration form on the first day of class or mail, deliver or fax this form to the Sunday School office.