

St. Elias Antiochian Orthodox Cathedral (Ottawa)  
CHURCH SCHOOL REGISTRATION 2016/2017

FAMILY NAME: \_\_\_\_\_ ENVELOPE #: \_\_\_\_\_

INFORMATION – CHILD(REN)

Child's Name (1): \_\_\_\_\_ Grade (as of Sept 2016) \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy) Male  Female   
Health Concerns: \_\_\_\_\_

Child's Name (2): \_\_\_\_\_ Grade (as of Sept 2016) \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy) Male  Female   
Health Concerns: \_\_\_\_\_

Child's Name (3): \_\_\_\_\_ Grade (as of Sept 2016) \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy) Male  Female   
Health Concerns: \_\_\_\_\_

Child's Name (4): \_\_\_\_\_ Grade (as of Sept 2016) \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy) Male  Female   
Health Concerns: \_\_\_\_\_

INFORMATION – PARENTS

PRIMARY CONTACT(S):

Father's First Name \_\_\_\_\_ Last Name: \_\_\_\_\_

Mother's First Name \_\_\_\_\_ Last Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Tel. No: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

EMERGENCY: Name: \_\_\_\_\_ Relation to Child? \_\_\_\_\_

Telephone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

INFORMATION – VOLUNTEER/PERMISSION/INTEREST

I can help out with:  Christmas Party  Creative Arts Festival  Year-End Event

I can help out by:  organizing  donating food/drinks  other: \_\_\_\_\_

I allow the Church School to post my children's photos on the Church website  yes  no

My children would be interested in joining a children's choir:  yes  no

DONATIONS TO SUPPORT ST. ELIAS CHURCH SCHOOL

Cash  or Cheque  (payable to "St. Elias Cathedral") Amount \$ \_\_\_\_\_.

Mailing address: No. \_\_\_\_\_ Street Name \_\_\_\_\_ Apt \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

PARENT'S SIGNATURE : \_\_\_\_\_

SUBMIT COMPLETED FORM TO: Kelly Hamwi, Church School Director  
either in person or by email at [mkhlovesgod@gmail.com](mailto:mkhlovesgod@gmail.com)

OFFICE USE: Registered by: \_\_\_\_\_ Date: \_\_\_\_\_