

St. Elias Antiochian Orthodox Cathedral (Ottawa)
CHURCH SCHOOL REGISTRATION 2017/2018

FAMILY NAME: _____ ENVELOPE #: _____

INFORMATION – CHILD(REN)

Child's Name (1): _____ Grade (as of Sept 2017) _____
Date of Birth: ____ / ____ / ____ (dd/mm/yyyy) Male Female
Health Concerns/Allergies: _____

Child's Name (2): _____ Grade (as of Sept 2017) _____
Date of Birth: ____ / ____ / ____ (dd/mm/yyyy) Male Female
Health Concerns/Allergies: _____

Child's Name (3): _____ Grade (as of Sept 2017) _____
Date of Birth: ____ / ____ / ____ (dd/mm/yyyy) Male Female
Health Concerns/Allergies: _____

Child's Name (4): _____ Grade (as of Sept 2017) _____
Date of Birth: ____ / ____ / ____ (dd/mm/yyyy) Male Female
Health Concerns/Allergies: _____

INFORMATION – PARENT(GUARDIAN)

PRIMARY CONTACT(S):

Father's First Name _____ Last Name: _____

Mother's First Name _____ Last Name: _____

Primary EMAIL Contact: _____

EMERGENCY CONTACT DURING CHURCH SCHOOL:

Name: _____ Tel. No: (____) _____ - _____

Relation to Child? _____

INFORMATION – PERMISSION

I permit the Church School to post my child(ren)'s photo(s) on the St. Elias Antiochian Cathedral's website or the St. Elias Church School Facebook page: yes no

DONATIONS TO SUPPORT ST. ELIAS CHURCH SCHOOL

Donations are used in support of teacher training, the purchase of new learning materials and supplies for the children attending the Church School program.

CASH or CHEQUE (payable to "St. Elias Cathedral") AMOUNT \$ _____

Street No. _____ Street Name _____ Apartment No. _____
Mailing address: _____
(for tax receipt purposes) City _____ Province _____ Postal Code _____

SIGNATURE OF PARENT : _____

PLEASE SUBMIT COMPLETED FORM TO: Kelly Hamwi, Church School Director
either in person or by email at mkhlovesgod@gmail.com

Office Use Only: Registered by: _____ Date: _____

