

St. Elias Antiochian Orthodox Cathedral (Ottawa)  
CHURCH SCHOOL REGISTRATION 2019/2020

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

**INFORMATION – CHILD(REN)**

**Child's FIRST Name (1):** \_\_\_\_\_ Grade (as of Sept 2019) \_\_\_\_\_  
Date of Birth: (dd/mm/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male  Female   
Health Concerns/Allergies: \_\_\_\_\_

**Child's FIRST Name (2):** \_\_\_\_\_ Grade (as of Sept 2019) \_\_\_\_\_  
Date of Birth: (dd/mm/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male  Female   
Health Concerns/Allergies: \_\_\_\_\_

**Child's FIRST Name (3):** \_\_\_\_\_ Grade (as of Sept 2019) \_\_\_\_\_  
Date of Birth: (dd/mm/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male  Female   
Health Concerns/Allergies: \_\_\_\_\_

**Child's FIRST Name (4):** \_\_\_\_\_ Grade (as of Sept 2019) \_\_\_\_\_  
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 (MUST be attending Church in case of emergency):**

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  CHQ# \_\_\_\_\_ (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/GUARDIAN: \_\_\_\_\_

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

**Office Use Only:** Registered by: \_\_\_\_\_ Date: \_\_\_\_\_

