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

Date of Birth: (dd/mm/yyyy)/	FAMILY NAME:		ENVELOPE #:				
Child's FIRST Name (1):  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 (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: Tel. No: ()  EMERGENCY CONTACT (MUST be attending Church in case of emergency):  Name: Tel. No: ()  Relation to Child?	INFC	RMATION – CHILD(REN	I)				
Date of Birth: (dd/mm/yyyy)/ / Male □ Female □  Health Concerns/Allergies: Grade (as of Sept 2019) Date of Birth: (dd/mm/yyyy)/ Male □ Female □  Health Concerns/Allergies: Grade (as of Sept 2019) Date of Birth: (dd/mm/yyyy)/ Male □ Female □  Health Concerns/Allergies: Grade (as of Sept 2019) Date of Birth: (dd/mm/yyyy)/ Male □ Female □  Health Concerns/Allergies: Grade (as of Sept 2019) Date of Birth: (dd/mm/yyyy)/ Male □ Female □  Health Concerns/Allergies: Female □  Health Concerns/Allergies:							
Child's FIRST Name (2): Date of Birth: (dd/mm/yyyy) / Male □ Female □	Date of Birth: (dd/mm/yyyy)	//	Male $\square$ Female $\square$				
Date of Birth: (dd/mm/yyyy) / / Male □ Female □	Health Concerns/Allergies:						
Date of Birth: (dd/mm/yyyy) / / Male □ Female □	Child's FIRST Name (2):		Grade (as of Sept 2019)				
Health Concerns/Allergies:							
Date of Birth: (dd/mm/yyyy)/ Male □ Female □ Health Concerns/Allergies: Grade (as of Sept 2019) Date of Birth: (dd/mm/yyyy)/ Male □ Female □ Health Concerns/Allergies: INFORMATION - PARENT/GUARDIAN							
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SIGNATURE OF PARENT/GUARDIAN:	(for tax receipt purposes) City	Province					
		AN:					

Office Use Only: Registered by:

Date: \_