

St. Anthony the Great Orthodox Christian Church

Church School Registration Form for the 2024-2025 school year

A \$20 contribution per child is suggested to help with the cost of snacks.

We will follow CDC guidelines regarding appropriate health safety for the children.

First and Last Name of Student	DOB (mm/dd/yy)	*Baptismal/ Saint's Full Name	Grade (PK3-12)
1)			
2)			
3)			
4)			
5)			
6)			

***Please include the full Saint's name – there are many saints named John, Anthony, Mary, etc....**

NOTICE TO PARENTS: Your child must be at least 3 years old by September 1st to register.

CONTACT INFORMATION

Parent(s) Name _____ Cell #(Dad) _____ Cell #(Mom) _____

Address _____ City _____ ZIP _____

E-mail _____ Diagnosed allergies? no yes If yes, please

give names and details: _____

Please check at least one activity or event for which you would be available to volunteer:

- | | |
|--|---|
| <input type="checkbox"/> Once a month helper in my child's class | <input type="checkbox"/> JOY Fellowships K-6 (3 Summer Sunday meetings) |
| <input type="checkbox"/> VBS (1 week in mid June) | <input type="checkbox"/> Christmas Activities |
| <input type="checkbox"/> Fall Festival (October) | <input type="checkbox"/> Creative Arts Festival (Spring, 2 workshops) |
| <input type="checkbox"/> Spring Festival (Lazarus Saturday) | |

PARENT AUTHORIZATION, MEDICAL CONSENT AND PHOTO RELEASE FORM

My child(ren), listed above has/have my permission to participate in classes, activities, and photos to be published in the classrooms of St. Anthony the Great Church School during the 2024-25 school year. I understand that reasonable precautions will be taken to safeguard his/her health and safety and that I will be notified as soon as possible in any emergency. Also, I will not hold liable any Orthodox Church, its clergy, council members, staff, volunteers, the Antiochian Orthodox Christian Archdiocese of North America, nor any individual lending or giving his/her private property to be used in connection with this program, for any illness or accident. If I am unable to be reached, and the occasion demands, I further authorize any treatment and hospital care advisable under the supervision of a licensed medical physician. Such treatment to include x-ray, examination, anesthetic, medical, dental, or surgical diagnosis.

I have read the 2024-25 Church School Parent Handbook. I acknowledge that my child(ren) must adhere to the expectations stated in order to maintain an atmosphere conducive to Christian education and positive fellowship. (The 2024-25 Church School Parent Handbook can be found on the Church website (www.StAnthonytheGreat.org), on the information table in the Narthex of the Church, or the Hall.)

Printed Parent/Legal Guardian Name: _____

Signature of Parent or Legal Guardian _____ Date _____

Please sign and return to the Church Office, drop in the drop box in the Hall, give to your child's teacher, OR scan and email this form to: churchshool@stanthonythegreat.org Thank You!