

# St. Anthony the Great Orthodox Christian Church

Church School Registration Form for the **2023-2024** 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 Name	Grade (PK-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 4 years old by September 1<sup>st</sup> 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"/> Family Nights' Kids Activities (6 times per year) |
| <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)             |  |
| <input type="checkbox"/> JOY Fellowships K-6 (4 Summer Sunday meetings) |  |

## 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 2022-23 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 2022-23 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 2023–24 Church School Parent Handbook can be found on the Church Website ([www.StAnthonytheGreat.org](http://www.StAnthonytheGreat.org)) or on the information table in the Narthex of the church.)

Printed Parent/Legal Guardian Name: \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please sign and return to the Church Office, or your child's teacher, OR scan and email this form to:  
[churchshool@stanthonythegreat.org](mailto:churchshool@stanthonythegreat.org) Thank You!