

Sunday School Registration 2025-2026

Parents or Legal Guardians Name/s: _____

Address: _____

City/Town _____ State/Zip _____

Email: _____

Home Phone # _____ Cell Phone# _____

Student Name(s)

#1: _____ #2: _____

#3: _____

Baptismal Name

#1: Greek _____ English _____ Name Day _____

#2: Greek _____ English _____ Name Day _____

#3: Greek _____ English _____ Name Day _____

Date of Birth

#1 _____

#2 _____

#3 _____

Grade in September

#1 _____

#2 _____

#3 _____

[] I give permission for photographs of my child to be used on church social media

[] I do not give permission for photographs of my child to be used on church social media

Any Allergies or Dietary Restrictions: _____

Parents/guardian signature _____ Date _____

Thank you,
Sunday School Teachers of the
Annunciation Greek Orthodox Church
Newburyport, MA