

**ST. SPYRIDON GREEK CHURCH**  
**2009-2010 STUDENT ACTIVITIES REGISTRATION FORM**

STUDENT(S): \_\_\_\_\_

\_\_\_\_\_

GRADE(S) \_\_\_\_\_ BIRTHDAYS \_\_\_/\_\_\_/\_\_\_, \_\_\_/\_\_\_/\_\_\_,

\_\_\_/\_\_\_/\_\_\_

NAME DAY(S) \_\_\_\_\_

Check activities that your children will be participating in

|                  | Name | Name | Name |
|------------------|------|------|------|
| Sunday School    |      |      |      |
| Greek School     |      |      |      |
| Junior Choir     |      |      |      |
| Hellenic Dancers |      |      |      |
| JOY/GOYA         |      |      |      |

PARENT(S)/GUARDIAN(S) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY & ZIP \_\_\_\_\_

HOME PHONE(S) \_\_\_\_\_

CELL PHONE(S) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

IN CASE OF EMERGENCY CALL:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

Please list all MEDICAL CONDITIONS AND SPECIAL NEEDS (SUCH AS ALLERGIES AND MEDICATIONS) your child's teacher should be made aware of:

\_\_\_\_\_

PEOPLE THAT CAN PICK UP YOUR CHILD: \_\_\_\_\_

\_\_\_\_\_  
 PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
 DATE:

**Religious School**

Please circle the item(s) you are able to donate for the Religious Education Program:

- 1. Glue sticks
- 2. Staples
- 3. 8 pack crayon boxes
- 4. Multi-Colored Construction Paper
- 5. Pencils
- 6. Water based markers
- 7. Religious stickers
- 8. White poster board
- 9. Wipes (for little ones to wash their hands)
- 10. Tissue boxes
- 11. Other \_\_\_\_\_

Please check off if you are interested in:

\_\_\_\_\_ being a substitute teacher in \_\_\_\_\_ class

\_\_\_\_\_ being a parent volunteer in \_\_\_\_\_ class

**Greek School**

***Registration Fee: \$75 per child, \$150 Per Family Maximum.***

***Please make checks payable to St. Spyridon Greek Orthodox Church.***

***Put Greek School Fee at the Memo Line***

Please check off if you are interested in:

\_\_\_\_\_ being a parent volunteer in \_\_\_\_\_ class

Please note that by signing the form in the first page we are agreeing to

WAIVER OF RESPONSIBILITY – I AUHTORIZE THE STAFF OF THE ST. SPYRIDON GREEK SCHOOL TO CALL AN AMBULANCE FOR MY CHILD IN CASE OF AN ACCIDENT OR ILLNESS AND TO ALLOW FOR POSSIBLE EMERGENCY MEDICAL AND SURGICAL CARE IF AM NOT IMMEDIATELY AVAILABLE:

Please return this form to Marianne Menas or Evangelos Giannopoulos at Church or by mail, or email (if printed, signed and scanned as PDF)

Marianne Menas-26 ½ Rhode Island Ave. Newport, RI 02840

Evangelos Giannopoulos, 37 Azalea Ave, Exeter, RI 02822