



Registration Fee: \$35 per Family

Cash: \_\_\_\_\_ Check: \_\_\_\_\_

Please return completed form and payment to:

HOPE of St. Paraskevi

1 Shrine Place Greenlawn, NY 11740

FOR AGES 4 - 6 YEARS OLD

## HOPE of St. Paraskevi

Father/Mother/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

***Please note that our main form of communication will be through email.***

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

***\*\*\*Please keep us informed of any food allergies\*\*\****

Does your child have any medical conditions or special needs that we should be made aware of? If so, please explain: \_\_\_\_\_

***Medical Release:***

*In the event of sudden illness, injury or emergency, I authorize the HOPE of St. Paraskevi, the Board/Advisors to administer first aid and/or secure medical care if necessary during a HOPE meeting/function. This includes medical care and treatment by a first aid station, physician or hospital.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_