



**REGISTRATION FORM**  
**2016/2017**

**For Office Use:**  
M  T  W  Th   
F   
START DATE: \_\_\_\_\_  
\_\_\_\_\_

- New Enrollment Registration fee is \$75.00
- Returning Student

<b>STUDENT</b>	Child's Full Name: _____ Child's Baptismal Name (if different from above): _____ Child's Age: _____ Child's Date of Birth: _____ Child's Name Day: _____ Child's Address: _____ Home #: _____ City, State Zip _____ Lives with: (Check all that apply)    ___ Mother ___ Father ___ Other: _____	
<b>MOTHER</b>	Name: _____ Cell#: _____ Address: (only if different from the child's above)    Work#: _____ _____ E-mail: _____ _____ Employer: _____	
<b>FATHER</b>	Name: _____ Cell#: _____ Address: (only if different from the child's above)    Work#: _____ _____ E-mail: _____ _____ Employer: _____	

**MEDICAL INFORMATION**

Does this child have allergies? \_\_\_No \_\_\_Yes (please be specific):

\_\_\_\_\_

Does this child have any medical conditions we should be aware of? \_\_\_No \_\_\_Yes (please explain):

\_\_\_\_\_

**EMERGENCY CONTACT**

Name \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Doctors Name \_\_\_\_\_ Dentist Name: \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

**In the event of an emergency, I hereby authorize the personnel of St. Paraskevi Greek Orthodox Church and/or Greek American Preschool to secure treatment for my child if I cannot be reached.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_