



Little Angels of St. Paraskevi

2009-2010 Registration Form

PARENTS'/GUARDIANS' NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TEL: _____ CELL: _____

EMAIL: _____

CHILD'S NAME: _____ DATE OF BIRTH: _____

CHILD'S NAME: _____ DATE OF BIRTH: _____

CHILD'S NAME: _____ DATE OF BIRTH: _____

EMERGENCY CONTACT: _____

TEL: _____ CELL: _____

PLEASE NOTE THAT OUR MAIN FORM OF COMMUNICATION WILL BE E-MAIL SO PLEASE CHECK YOUR E-MAIL FOR CHANGES TO PROGRAM

FIND US ON THE WEB AT:

[HTTP://WWW.MEET-UP.COM/LITTLE-ANGELS-OF-ST-PARASKEVI](http://www.meet-up.com/little-angels-of-st-paraskevi)

PLEASE LET US KNOW IF YOUR CHILD HAS ANY FOOD ALLERGIES

REGISTRATION FEE: \$ 35.00 PER FAMILY

\$ 10.00 PER FAMILY FOR COFFEE HOUR

CASH _____ CHECK _____ AMOUNT PAID \$ _____

PLEASE RETURN THIS FORM AND PAYMENT TO:

LITTLE ANGELS OF ST. PARASKEVI

1 SHRINE PLACE

GREENLAWN, NY 11740

ATTN: CHRISTINA VARLAMOS