

SAINT ANNA GREEK ORTHODOX CHURCH

1001 Stone Canyon Drive, Roseville, CA 95661, www.saintanna.org

T 916.772.9372 / F 916.773.9310 / E secretary@saintanna.org

YOUTH RELIGIOUS EDUCATION REGISTRATION FORM, 2010-2011

First Day of Class – September 12, 2010

STUDENT: _____
Last Name First Name Middle Name Grade

Student's e-mail address : _____ Gender: _____

Age: _____ Birthday: _____/_____/_____ Baptismal Date: _____ Saint: _____

STUDENT: _____
Last Name First Name Middle Name Grade

Student's e-mail address : _____ Gender: _____

Age: _____ Birthday: _____/_____/_____ Baptismal Date: _____ Saint: _____

STUDENT: _____
Last Name First Name Middle Name Grade

Student's e-mail address : _____ Gender: _____

Age: _____ Birthday: _____/_____/_____ Baptismal Date: _____ Saint: _____

STUDENT: _____
Last Name First Name Middle Name Grade

Student's e-mail address : _____ Gender: _____

Age: _____ Birthday: _____/_____/_____ Baptismal Date: _____ Saint: _____

Address : _____ Apt # : _____

City & Zip Code : _____ Home Phone : _____

PARENT(S)/GUARDIAN(S):

Mother: _____ Hm Ph: _____
Last Name First Name

Wk Ph: _____ Mother's email _____

Father: _____ Hm Ph: _____
Last Name First Name

Wk Ph: _____ Father's email _____

Members of the Church of Saint Anna: Yes _____ No _____

IN CASE OF EMERGENCY: PERSON(S) TO CALL ON SUNDAY (other than Parents/Guardians):

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

DOCTOR/INSURANCE INFORMATION:

Doctor's Name: _____ Doctor's Phone: _____

Insurance Carrier: _____ Insurance #: _____

Know Allergies:

WAIVER OF RESPONSIBILITY:

I authorize the staff of the Church of Saint Anna Church Religious Education to call an ambulance for my child in case of accident or acute illness and to allow for possible emergency medical and surgical care in case her/his doctor or I am not immediately available.

Parent/Guardian Signature: _____ **Date:** _____

PARENT CONTRACT

I will assist in the following ways to ensure the success of the Saint Anna Youth Religious Education Program by committing to the following:

- 1) Regular attendance with Divine Liturgy beginning at 10AM:
- 2) Assist with the Youth Religious Education Program in at least 2 areas:

Saturday of Lazarus:

- Set-up & Prepare Fellowship Breakfast
- Coordinate folding of Palms

Great & Holy Friday Retreat:

- Crafts Coordinator for Each Class
- Class Supervisor
- Prepare/Serve Lunch

Other:

I have checked the areas where I can assist.

Parent/Guardian Signature _____

Room Mother/Father:

- Assist in the Classroom

Teaching

- Weekly Instruction
- Substitute Teaching:

Date: _____

