

ST. HARALAMBOS SUNDAY SCHOOL 2017-18

Dear Parents of Sunday School Children,

Registration and the first day of classes for our 2017-18 Sunday School year will take place on **Sunday, September 10th**. We look forward to welcoming your children.

Children will go directly to their classroom to meet their teachers on the first day!

******* Children must be 3 years old by Sept. 1st for Sunday School. *******

Registration Fees: 1 child--\$30.00 2 children--\$50.00 3 children--\$70.00 4 children----\$80.00

Sunday School begins at 9:30 a.m. every Sunday morning!

ST. HARALAMBOS SUNDAY SCHOOL REGISTRATION FORM 2017-18

FAMILY INFORMATION:

Parents _____

Address _____ City _____ Zip _____

Phone _____ E-mail _____

NAME OF CHILD	AGE	DATE OF BIRTH	BAPTIZED ORTHODOX NAME	GRADE
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Allergies and any Special needs we should be aware of _____

PARENT VOLUNTEERS ARE NEEDED! (Please select all that apply.)

Yes, I would like to volunteer to co-teach for the 2017-18 Sunday School year.

Yes, I would like to volunteer to help with programs for the 2017-18 Sunday School year.

PHOTO/VIDEO I hereby grant Saint Haralambos permission to use photo images or video of the above listed participant/s for the purpose of promoting our church programs in publication and on the Web. I agree that the images and/or video become the exclusive property of Saint Haralambos and wave the rights thereto.

I/We, the parent(s)/legal guardian(s) of the listed child/children above, do give my/our consent and approval for his/her participation in any and all activities of St. Haralambos Greek Orthodox Church 2017-18 Sunday School year. In consideration of my/our child's acceptance in said activities, I/we, the undersigned, do hereby agree to indemnify and hold harmless St. Haralambos Greek Orthodox Church and its directors, officers, coaches & agents, without regard to any negligence on their part, against any claim for damages, compensation or otherwise including all losses and expenses caused to or by my/our child while participating in St. Haralambos' 2017-18 Church programs. I/We consent and give authority to obtain medical care and treatment of any and all injuries as a result of participating in St. Haralambos' 2017-18 Church programs.

Parent/Guardian Signature: _____ Date: _____

Fees Paid: _____ Date: _____