

SUNDAY CHURCH SCHOOL REGISTRATION FORM
ST. ANDREW ANTIOCHIAN ORTHODOX CHURCH
1136 HIGBEE MILL ROAD
LEXINGTON, KY 40503

Parents' Names: _____

Address: _____

Home or Cell Phone: _____ Email: _____

We prefer to be contacted by: PHONE____ EMAIL____

Child's Name	Birthdate	Age	Grade
1. _____			
2. _____			
3. _____			
4. _____			

Are there any issues or concerns this Church School should be aware of?

We are members of St. Andrew: YES____ NO____

As parent or guardian of these children, I understand that I have a sacred responsibility of their religious education. This responsibility can be fulfilled by working in partnership with the priest and Church School program. I, therefore, promise to make a conscientious effort to see to it that these children attend Church School regularly, and to work to reinforce their lessons at home.

Sign: _____ Date: _____