

KIMISIS TIS THEOTOKOU SUNDAY SCHOOL 2023-2024

Registration Form

Date: _____

Last Name: _____ ***First Name:*** _____

Date of Birth: _____ ***Grade:*** _____

Parent's Name: _____

Home Address: _____

City: _____ ***State: NJ*** ***Zip:*** _____

Telephone Number: _____

Email: _____

First Name: _____

Signature of Parent: _____

Form of Payment: _____

Check #: _____ ***Cash:*** _____

KIMISIS TIS THEOTOKOU SUNDAY SCHOOL 2023-2024

Registration Form For Siblings

Date:

Last Name:

First Name:

Date of Birth:

Grade:

Last Name:

First Name:

Date of Birth:

Grade:

Last Name:

First Name:

Date of Birth:

Grade:

Parent's Name:

Home Address:

City:

State: NJ

Zip:

Telephone Number:

Email:

Signature of Parent:

Form of Payment:

Check #:

Cash: