

**GREEK ORTHODOX MISSION OF SOUTH ORANGE COUNTY
SUNDAY SCHOOL REGISTRATION FORM
2009/2010**

MOTHER'S NAME:		FATHER'S NAME:	
ADDRESS:		ADDRESS: (IF DIFFERENT)	
CITY:	ZIP:	CITY:	ZIP:
MOTHER'S HOME PHONE:		FATHER'S HOME PHONE:	
MOTHER'S WORK PHONE:		FATHER'S WORK PHONE:	
E-MAIL:		E-MAIL:	
CHILD'S NAME	BIRTH DATE MM/DD/YYYY	GRADE LEVEL	

PARENT SIGNATURE

DONATIONS ARE OPTIONAL (filled out by office)

Check # _____ \$ _____
Cash Amount \$ _____

Sunday School 2009-10 RegForm_2009-10

“Train a child in the way he should go, and when he is old, he will never depart from it.”

Proverbs 22:6