

St. Vladimir's Ukrainian Orthodox Congregation

Church School Registration 2015

Date: _____

Child's Name: _____

Parents Names: _____

Child's Date of Birth: _____

Home Address: _____

Home Phone Number: _____

Email: _____

Allergies: _____

Medical Conditions: _____

Are you a member of St. Vladimir's Congregation? _____

Would you be interested in volunteering for the Church School program
in any of the following positions?

Teacher: _____

Substitute Teacher: _____

St. Nicholas Concert Organizer: _____

Year End Program Organizer: _____

Lunch Co-ordinator: _____

Church School Director: _____