

St. Thomas Indian Orthodox Church, Liverpool, UK

Sunday School Registration Form

Child/Youth #1 (Full Name): _____

Date of Birth: _____ Age: _____ Male: Female:

Date of Baptism: _____ Current (Academic) School Year: _____

Any Allergies/ Medical Conditions: _____

Child/Youth #2 (Full Name): _____

Date of Birth: _____ Age: _____ Male: Female:

Date of Baptism: _____ Current (Academic) School Year: _____

Any Allergies/ Medical Conditions: _____

Child/Youth #3 (Full Name): _____

Date of Birth: _____ Age: _____ Male: Female:

Date of Baptism: _____ Current (Academic) School Year: _____

Any Allergies/ Medical Conditions: _____

Father's Name: _____ Mother's Name: _____

Home Address: _____

Postcode: _____

Home Phone: _____ Mobile Phone: _____

Parent's Email Address: _____

Parent's Signature: _____ Date: _____