

# Sts. Raphael, Nicholas, and Irene Greek Orthodox Church 2024/2025 Sunday School Registration Form



Our priest, Sunday School Director and teachers invite you to register your child/children for the upcoming 2024/25 school year. Please complete this form with information regarding your child/children and return to the parish office or email to [communications@stsrni.org](mailto:communications@stsrni.org)

The classes will include Grades pre-k – 12. The personal meet and greet will be on August 4th and classes will begin on August 11th. (*Parents please sign **Release** on second page*)

*Director – Ted Bauer*

Parent 1 Name \_\_\_\_\_

Parent 2 Name \_\_\_\_\_

Home Address \_\_\_\_\_

City / State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Parent 1 Cell # \_\_\_\_\_

Parent 2 Cell # \_\_\_\_\_

Email Address \_\_\_\_\_

**Child 1 Name** \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age in Years \_\_\_\_\_ Grade \_\_\_\_\_

Baptismal Name & Name Day: \_\_\_\_\_

Known Allergies/Medical Concerns \_\_\_\_\_

**Child 2 Name** \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age in Years \_\_\_\_\_ Grade \_\_\_\_\_

Baptismal Name & Name Day: \_\_\_\_\_

Known Allergies/Medical Concerns \_\_\_\_\_

**Child 3 Name** \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age in Years \_\_\_\_\_ Grade \_\_\_\_\_

Baptismal Name & Name Day: \_\_\_\_\_

Known Allergies/Medical Concerns \_\_\_\_\_

**AGREEMENT AND RELEASE OF LIABILITY:**

As legal guardian of the minor child(ren) named on the first page of this document, I hereby confirm that I have chosen for this/these child(ren) to participate in the Sts. Raphael, Nicholas, and Irene Greek Orthodox Church (“STS RNI”) Sunday School program, including all planned and arranged activities. I am aware that this program may present risks of personal injury, property loss, or damage to participants. I accept all responsibility and all liability for any and all liability for any injury, death, or other loss or damage that may occur to me and/or to the minor child(ren) as a result of the minor child(ren)’s participation in the STS RNI Sunday School program.

I release STS RNI and will indemnify and hold harmless STS RNI in Cumming, Georgia, its agents, affiliates, and successors from all claims, judgments, and costs, including attorney’s fees, incurred in connection with any action that may be brought as a result of the minor child(ren)’s participation in the STS RNI Sunday School program.

I give permission for my child/ren to be photographed (circle yes or no) and participate in church related newsletters, bulletin boards, websites, and classrooms (circle yes or no).

I have read the Agreement and Release of Liability. I understand and agree to the terms.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name