

Holy Trinity Church School Registration
Preschool—12th Grade

Child's Name: _____

Age: _____ Birth Date: _____ Grade: _____
(child must be at least 3 years of age by September 1. If age 3, please mark as "preschool").

Name Day (if known): _____

Special Needs/medical conditions (including medications): _____

Child's Name: _____

Age: _____ Birth Date: _____ Grade: _____
(child must be at least 3 years of age by September 1. If age 3, please mark as "preschool").

Name Day (if known): _____

Special Needs/medical conditions (including medications): _____

Child's Name: _____

Age: _____ Birth Date: _____ Grade: _____
(child must be at least 3 years of age by September 1. If age 3, please mark as "preschool").

Name Day (if known): _____

Special Needs/medical conditions (including medications): _____

Parent's Names: _____

Address: _____ Phone: _____

Parents, please mark any or all activities you can assist with:

- _____ Substitute teacher. Please indicate grade level.
- _____ Family Night/Fall Hayride. Date and place to be announced.
- _____ Holy Friday Retreat
- _____ Presanctified Liturgy Dinner. Date to be announced.
- _____ June Vacation Bible School
- _____ Provide additional snacks if needed
- _____ Provide other supplies, craft materials, etc.
- _____ Other (please specify)

Return this form to the parish office (Holy Trinity Greek Orthodox Church, 3500 W. 106th St., Carmel, IN 46032) as soon as possible!

Remember: By filling out this registration form, you have only taken the first step in your child's Christian education. It is your sacred duty to bring each of your children to church and church school each and every Sunday.