



## YOUTH MINISTRIES REGISTRATION

**'Fathers and mothers, Go and lead your children by the hand into the Church.'**

*- St. John Chrysostom*

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Donation Amount: \_\_\_\_\_

<b>Name (please include baptismal name)</b>	<b>Orthodox Christian</b>	<b>Name Day</b>	<b>Age</b>
	Yes ___ No ___		
	Yes ___ No ___		
	Yes ___ No ___		
	Yes ___ No ___		

Does your child (or children) have any special needs that we need to be aware of? Yes \_\_\_ No \_\_\_

Do we have your permission to publish photos of your family in Church publications? Yes \_\_\_ No \_\_\_

Are you interested in learning more about ministries from our Archdiocese? Yes \_\_\_ No \_\_\_

*We would like to register and/or volunteer for the following ministries*

**Child Parent**

**Sunday School**

**Altar Boys**

**Greek School**

**Child Parent**

**GOYA**

**Myrrh Bearing Girls**

**Greek Dance**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_