KIMISIS TIS THEOTOKOU SUNDAY SCHOOL 2025-2026
Registration Form

Date: _____

Last Name: _____ ***First Name:*** _____

Date of Birth: _____ ***Grade:*** _____

Parent's Name: _____

Home Address: _____

City: _____ ***State: NJ*** ***Zip:*** _____

Telephone Number: _____

Email: _____

First Name: _____

Signature of Parent: _____

_____

Form of Payment:
Check #: _____ ***Cash:*** _____

_____

_____

KIMISIS TIS THEOTOKOU SUNDAY SCHOOL 2025-2026
Registration Form For Siblings

Date:

Last Name: ***First Name:***
Date of Birth: ***Grade:***

Last Name: ***First Name:***
Date of Birth: ***Grade:***

Last Name: ***First Name:***
Date of Birth: ***Grade:***

Parent's Name:

Home Address:

City: ***State: NJ*** ***Zip:***

Telephone Number: ***Email:***

Signature of Parent:

Form of Payment:
Check #: ***Cash:***