



**ST. NICHOLAS GREEK ORTHODOX CHURCH
2015/2016 YOUTH CATECHISM REGISTRATION**

Student's Name

Address

City _____ State _____ Zip Code _____

Home Telephone Number

Grade Student Will Attend in September

Baptismal Name _____

Mother's Name _____

Father's Name _____

Emergency Phone _____

Medical Information

**Sunday School will begin on
September 13th. Additional forms
available at the church.**

*Thank you for the privilege of
working with your children.*