

CHURCH SCHOOL REGISTRATION

ST. NICHOLAS ORTHODOX CHURCH
2143 S. Center Rd
Burton, Michigan
(810) 744-0070
stnicholasburtonmi@gmail.com



Parents Names _____

Student Name (w/ middle name)	Grade in School	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please note any allergies that your child/children may have _____

Home Address _____

Home Phone Number (_____) _____ - _____

Mobile Phone Number (_____) _____ - _____

Email address _____

Email address will be kept confidential.

Would you like to help in any way with this school year? How?

Help as a substitute teacher? _____

Help as an aide? _____

Help with crafts or other activities? _____

Help with Summer/Vacation Church School programs? _____

You name a way in which you would like to help _____