



The Greek Orthodox Church of Saint Nectarios

Sunday School Registration & Activity Permission Form

School Year: _____

Child Information

Child's Full Name: _____

Date of Birth: _____ Gender: _____

Parent / Guardian Information

Parent/Guardian Full Name: _____

Mobile Phone Number: _____

Email Address: _____

Medical Information

Allergies or Medical Conditions
(Write "None" if not applicable)

Does your child carry an EpiPen or inhaler? ☐ Yes ☐ No

If yes, please explain:

19 Wycliffe Road, London, SW11 5QR Priest in Charge: Father Christodoulos

contact@stnectarios.co.uk

020 7228 4278

www.stnectarios.co.uk

Charity Number: 1042830



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Emergency Contact

(If parent cannot be reached)

Name: _____

Relationship to Child: _____

Phone Number: _____

Date: _____

Photo Permission (Optional)

☐ I give permission for my child to be photographed for parish publications (website, bulletin, social media).

☐ I do NOT give permission.

Signature: _____

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