



The Greek Orthodox Church of Saint Nectarios

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## Sunday School Registration & Activity Permission Form

School Year: \_\_\_\_\_

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### Child Information

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

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### Parent / Guardian Information

Parent/Guardian Full Name: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

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

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### 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:

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

[contact@stnectarios.co.uk](mailto:contact@stnectarios.co.uk)    020 7228 4278    [www.stnectarios.co.uk](http://www.stnectarios.co.uk)

Charity Number: 1042830



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## Emergency Contact

(If parent cannot be reached)

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

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## 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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