



**GREEK ORTHODOX ARCHDIOCESE OF CANADA**  
**ST. GEORGE GREEK ORTHODOX COMMUNITY OF TORONTO**  
**ΕΛΛΗΝΙΚΗ ΟΡΘΟΔΟΞΟΣ ΚΟΙΝΟΤΗΤΑ ΑΓΙΟΥ ΓΕΩΡΓΙΟΥ**

ESTABLISHED IN 1909

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V. Rev. Fr. Tom De Medeiros

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## SUNDAY SCHOOL REGISTRATION FORM

DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Month) (Day) (Year)

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

GRADE IN DAY SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY AND POSTAL CODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EMAIL (OPTIONAL): \_\_\_\_\_

MOTHER'S FIRST NAME: \_\_\_\_\_

FATHER'S FIRST NAME: \_\_\_\_\_