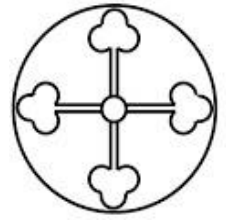




GREEK ORTHODOX CHURCH OF THE HOLY RESURRECTION



1400 Cedar Swamp Road, Brookville, NY 11545 Tel. (516) 671 5200 Fax (516) 671 5205

Youth Ministry Registration Form 2016 Sunday School - Little Angels - HOPE - JOY - GOYA

Last Name _____ Father's name: _____ Mother's Name _____
Address _____ Town and Zip _____
Home Phone _____ Cell Phone _____ Email _____
Are you currently a steward/ paid member of the parish? (In order to participate in our ministries, you must be in good standing with our church)
____ Yes: Stewardship #: _____
____ No (Complete the attached Stewardship Packet)
*If you are a member of another church and would like to enroll in one or more of our ministries, you must remit a \$500 Facilities Fee.

Child's name _____ Date of Birth _____
American School Grade Sept '16 _____ Registering for: _____
Any Medical Conditions/Allergies? ___ No ___ Yes If yes, please explain _____

Child's name _____ Date of Birth _____
American School Grade Sept '16 _____ Registering for: _____
Any Medical Conditions/Allergies? ___ No ___ Yes If yes, please explain _____

Child's name _____ Date of Birth _____
American School Grade Sept '16 _____ Registering for: _____
Any Medical Conditions/Allergies? ___ No ___ Yes If yes, please explain _____

Sunday School- 11th – 12th Grade Service, check one: ___ Altar ___ Choir ___ Sunday School Assistant.
Siblings Names and Ages (NOT enrolled in Sunday School): _____
Orthodox Christian in Good Standing? Yes ___ No ___ If Yes, Baptismal name: _____

Emergency Contacts: Name/s _____ Phone/s _____

Doctor _____ Phone _____

In case of an emergency, I hereby authorize the personnel of the Church of the Holy Resurrection to obtain treatment for my child. For the well-being of all children, we ask that children be kept home when ill.

I understand photos/videos might be taken during events and published in Holy Resurrection's various sites and publications.

Parent's Signature _____ Date _____

"Blessed are the Pure in Heart, for They Will See God" (Matthew 5:8)

I am willing to assist the program in the following ways. Your assistance is welcome and strongly encouraged:

SS Teacher _____ Substitute _____ Driver _____ Coach _____ Ministry Assistant for: _____ JOY _____ GOYA, _____ Little Angels/ HOPE)

Parents' Signature _____ Date _____

*****Please note the following:*****

All are encouraged to participate in parish wide events such as the Greek Independence Day Parade, our Nameday celebration, and service projects and fundraisers.

We always welcome visitors, family and friends to come visit and spend a day with us! Let your loved ones know our policy.

Our Youth groups will be marching in the Greek Independence Day Parade on SUNDAY MARCH 26, 2017

Youth Ministry Registration Fees

- Sunday School \$30 for the first child, \$20 for each additional child
- Little Angels \$100
- HOPE \$75
- JOY \$50
- GOYA \$50
- Basketball TBA

***Note: These rates are for Fair Share members only. If you are not a pledging Fair Share member by September 1st, include an additional \$500 facilities use fee per family, or speak to the office about becoming a FAIR SHARE member.**

For Office Use Only:

FSC _____ FSP _____ FF _____

Registration: SS _____ LA _____ JOY _____ HOPE _____ GOYA _____ BB _____ DF _____

TOTAL: _____ Payment: _____ CA/ CC/ CK BAL _____ Date: _____ Initials _____

Notes: _____

PRAYER FOR YOUTH MINISTRY

People: Lord, as we struggle for meaning and purpose in life, Guide us with Your helping hand. Teach us to be aware of God's abiding love, and stir our concern for our fellow man. We commit to You our lives in the spirit of dedication and obedience so that we may be spiritually renewed through the teaching of our Faith and the guidance of the Orthodox Church.

Priest: For You are the God that loves mankind and to You we ascribe Glory to the Father, the Son and the Holy Spirit, now and ever and to the ages of ages. Amen.