



**Sts. Constantine & Helen Greek Orthodox Cathedral of Brooklyn**  
**64 Schermerhorn Street**  
**Brooklyn, NY 11201**  
**718 624-0595**  
[churchassistant@afantis.org](mailto:churchassistant@afantis.org)

***YOUTH MEMBERSHIP REGISTRATION FORM***

**for the 2016-17 Participants:**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Baptismal Name & Nameday \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Cell #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell #: \_\_\_\_\_

Home Telephone#: \_\_\_\_\_ Work Tel#: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Are you a member of our parish : ( Y/N ) If Not: Name of parish: \_\_\_\_\_

Emergency / Medical Information: (in case of emergency)

Name: \_\_\_\_\_ Tel # \_\_\_\_\_ Relationship: \_\_\_\_\_

Dr.'s Name & Phone # \_\_\_\_\_

Any Physical Limitations: (Y/N): \_\_\_\_\_

Any Know Allergies: (Y/ N): \_\_\_\_\_

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**Please Circle the Program your child will be registering for:**

Sunday School

JOY (Ages: 7-12)

GOYA (Ages: 13-18)

**Parents: If you would like to volunteer your time to any of our Youth Programs or coach any of our basketball teams please contact the church office or email us!**

If you would like to register more than one child, please see back page.

**Additional Participants:**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Dr.'s Name & Phone # \_\_\_\_\_

Any Physical Limitations: (Y/N): \_\_\_\_\_

Any Know Allergies: (Y/ N): \_\_\_\_\_

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E-mail Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Dr.'s Name & Phone # \_\_\_\_\_

Any Physical Limitations: (Y/N): \_\_\_\_\_

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E-mail Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Dr.'s Name & Phone # \_\_\_\_\_

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