2021-2022 APPLICATION FOR ADMISSION

Child's Name:				///		
Baptismal Name:				(Copy of Birth Certificate Required) Name's Day:		
				(Copy of Ba	aptismal Certificate Required)	
City:					Zip Code:	
Phone Numbe	er:/					
Health or Phy	sical Limitatio	ns:				
Allergies:						
	NFORMATIO .					
Mother:				Father's Cellular Number:/		
Mother's Email:				Father's Email:		
Employer: Address: City: Business Phone:				Employer:Address:City:Business Phone:		
SIBLINGS				2406356		
	DOB	/_	/	Name:	DOB//	
Name:	DOB	/_	/	Name:	DOB//	
<u>2021 STEWA</u>	RDSHIP INFO	<u> DRMAT</u>	<u> ION</u>			
Stewa Need	ards of St. Spyric to be stewards	lon Helle by Septe	enic Orthodo ember 1 st , 20	x Church, Stewardship 21 or Non-Steward tui	#tion will apply	
Stewar	ds of					
<u>l un</u>			•	vided is true and acco OT guarantee placen	urate. nent into the program.	
\$50 registration for	ee· check		Rec	eived on: / /	Authorized by:	