

**ASCENSION OF OUR LORD GREEK ORTHODOX CHURCH  
TODDLERS PROGRAM**

**TODDLERS & PARENTS REGISTRATION FORM (Ages 2-4)  
2011/2012**

*1<sup>st</sup> and 3<sup>rd</sup> Tuesdays of the month from 10:00 a.m. – 11:45 a.m., beginning September 20<sup>th</sup>.*

**(PLEASE PRINT CLEARLY)**

**FAMILY LAST NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

HOME PH (        ) \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

FATHER'S FIRST NAME \_\_\_\_\_ MOTHER'S FIRST NAME \_\_\_\_\_

**1.        NAME** \_\_\_\_\_ **BAPTISMAL NAME** \_\_\_\_\_

AGE \_\_\_\_\_ BIRTHDAY \_\_\_\_\_ NAMEDAY \_\_\_\_\_

ANY SPECIAL NEEDS / THINGS WE SHOULD KNOW / FOOD ALLERGIES \_\_\_\_\_

**2.        NAME** \_\_\_\_\_ **BAPTISMAL NAME** \_\_\_\_\_

AGE \_\_\_\_\_ BIRTHDAY \_\_\_\_\_ NAMEDAY \_\_\_\_\_

ANY SPECIAL NEEDS / THINGS WE SHOULD KNOW / FOOD ALLERGIES \_\_\_\_\_

**3.        NAME** \_\_\_\_\_ **BAPTISMAL NAME** \_\_\_\_\_

AGE \_\_\_\_\_ BIRTHDAY \_\_\_\_\_ NAMEDAY \_\_\_\_\_

ANY SPECIAL NEEDS / THINGS WE SHOULD KNOW / FOOD ALLERGIES \_\_\_\_\_

**CAN YOU HOST A SNACK?**

**YES** \_\_\_\_ **NO** \_\_\_\_

**CAN YOU HOST A CRAFT PROJECT?**

**YES** \_\_\_\_ **NO** \_\_\_\_

*(We can offer suggestions for this if needed)*

*REGISTRATION/MATERIALS/ACTIVITIES FEE - \$25.00/per Family*