



## **Annunciation Cathedral Greek School Registration Form**

**September 2013 - June 2014**

**Complete a separate form for each child.**

### **STUDENT'S INFORMATION**

Name

Birth month/year

Street address

### **PARENTS' INFORMATION**

Mother's name

Mother's phone number

Father's name

Father's phone number

Email address(es)

### **EMERGENCY INFORMATION**

Emergency contact name

Contact's phone number

Student's insurance

Doctor's name

Doctor's phone number

Please list any medical conditions that our teachers should be aware of, including allergies. Also list all medications that the student is currently taking and for what conditions.

**WAIVER OF RESPONSIBILITY**

I authorize the Staff of the Annunciation Greek School to call an ambulance for my child in case of an accident or acute illness and to allow for possible medical and surgical care in case his/her doctor or I am not immediately available.

Parent/Guardian signature

Date signed

Please mail the completed form with your registration fee to:

Annunciation Cathedral Greek School  
245 Valencia Street  
San Francisco, CA 94103