



Српска Школа “Никола Тесла”
Црква Св. Луке
Washington D.C.

REGISTRATION FORM

Child's Name: _____

Baptized in the Orthodox Church: (circle one) Yes or No

Age: _____

Birth date: M/D/Y _____

Grade in regular school: _____

Special needs/medical conditions (including medications): _____

Do(es)s your child(ren) have any food related allergies? Yes or No *If yes, please explain

Parent's Names _____

Address: _____

City: _____ Zip: _____

Phone: _____ Cell Phone: _____

E-mail Address: _____

For Parents:

Please mark all activities you may be able to assist with:

- Teacher Assistant
- Social Coordinator Assistant (plan and coordinate events with other parents)
- Provide snacks
- Other (please specify) _____

***IMPORTANT NOTICE:** Your children will be provided with light snacks at the church school. If your child has allergies, please follow him/her in the snack area. It is the parent's responsibility to take all necessary precautions! Return this form to the church office in person or e-mail to anajoh80@gmail.com)

DATE _____

Parent's Signature _____