Saint Sava Serbian Orthodox Church & School Congregation

Sunday School Registration Form
2026–2027 School Year

1640 S. San Gabriel Blvd. • San Gabriel, CA 91776

Student Information

Child's Full Name: _____

Date of Birth: _____ Age: _____ Grade: _____

Parent(s)/Guardian(s): _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Emergency Contact

Name: _____

Relationship: _____ Phone: _____

Medical Information

Allergies, medications, dietary restrictions, or special needs:

_____

_____

Program Enrollment

☐ Orthodox Christian Education

☐ Serbian Language

☐ Serbian History & Culture

☐ Church Music

☐ Serbian Folk Dance (Kolo)

Parent Volunteer Opportunities (Optional)

☐ Classroom Assistant

☐ Special Events

☐ Kitchen

☐ Fundraising

☐ Maintenance

☐ Other: _____

Photo & Media Release

☐ YES, I grant permission for my child to appear in parish photographs/videos.
☐ NO, I do not grant permission.

Parent Acknowledgment

I understand that Saint Sava Sunday School is a ministry of Saint Sava Serbian Orthodox Church & School Congregation. I will support my child's regular attendance and promptly notify the church of any changes to contact or medical information.

Parent/Guardian Signature: _____ Date: _____

Registration

Suggested Registration Donation: $100 per child
Amount Enclosed: $_____ ☐ Cash ☐ Check ☐ Other _____

Thank you for investing in the spiritual, educational, and cultural formation of our children.

May God bless your family!