

**Holy Trinity Greek Orthodox Church**  
937 Chase Parkway ~ Waterbury, CT 06708  
**G.O.Y.A. Registration Form**



**Student Information:**

Student Name: \_\_\_\_\_

Baptized Greek Orthodox: YES \_\_\_\_\_ NO \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current School Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Student Cell: (if applicable) \_\_\_\_\_

Student E-mail: (if applicable) \_\_\_\_\_

**Parent Information:**

Name: \_\_\_\_\_

Address: (if different than student) \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Parent Cell: \_\_\_\_\_

Parent E-mail: \_\_\_\_\_

Member in Good Standing: YES \_\_\_\_\_ NO \_\_\_\_\_