



METROPOLIS OF  
NEW JERSEY

SAINT ATHANASIOS GREEK ORTHODOX CHURCH  
ΕΛΛΗΝΙΚΗ ΟΡΘΟΔΟΞΟΣ ΕΚΚΛΗΣΙΑ ΑΓΙΟΥ ΑΘΑΝΑΣΙΟΥ

REV. PROTOPRESBYTER ANARGYROS STAVROPOULOS  
*IERATIKOS PROESTAMENOS*

## GOYA REGISTRATION FORM

**\*ALL GOYA FAMILIES SHOULD BE STEWARDS OF ST. ATHANASIOS CHURCH\***

NAME OF GOYAN \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ NAME DAY \_\_\_\_\_

ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

HOME TELEPHONE # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ GRADE as of SEPT. 2016 \_\_\_\_\_

GOYAN CELL # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

GOYAN E-MAIL \_\_\_\_\_

NAME OF SCHOOL \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

FATHER'S CELL # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ WORK # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

MOTHERS NAME \_\_\_\_\_

MOTHER'S CELL # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ WORK # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

PARENTS E-MAIL \_\_\_\_\_

PARENT'S SIGNATURE\* \_\_\_\_\_ DATE \_\_\_\_\_

\*My signature gives permission for my child to have bus/car transportation to and from St. Athanasios for GOYA functions.

\*My signature gives permission for my child's picture and or name to appear on the St. Athanasios Website or literature.

\*The above information will be used in the GOYA Directory

\$75.00 Registration Fee paid with: Cash \_\_\_\_\_ Check # \_\_\_\_\_ (Check made out to St. Athanasios GOYA)