



HOPE & JOY

St. Athanasios Greek Orthodox Church

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HOPE & JOY Registration Form November 2021- June 2022

Boys and girls between the ages of 4-7 are invited to join H.O.P.E., and ages 8-11 for J.O.Y. These programs give the children the opportunity to learn about their faith, their Church and the social world around them. Activities take place once a month on Friday evening following Junior Greek Dance Practice or Sunday afternoon following Church services. All HOPE/JOY families must be current stewards with St. Athanasios for the 2021-2022 year.

Parent(s)/Guardian Contact Information:

Name: _____ Cell Number: _____

Name: _____ Cell Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Parent E-mail: _____

Children in Program:

Child #1: _____ Cost: \$20.00

Grade (this Fall): _____ Birthday: _____ Nameday: _____

Special Needs/Medical Conditions / Food Allergies: _____

Child #2: _____ Cost: \$10.00

Grade (this Fall): _____ Birthday: _____ Nameday: _____

Special Needs/Medical Conditions / Food Allergies: _____

Child #3: _____ Cost: \$10.00

Grade (this Fall): _____ Birthday: _____ Nameday: _____

Special Needs/Medical Conditions / Food Allergies: _____

Child #4: _____ Cost: \$10.00

Grade (this Fall): _____ Birthday: _____ Nameday: _____

Special Needs/Medical Conditions / Food Allergies: _____



GREEK ORTHODOX
METROPOLIS OF NEW JERSEY

HOPE & JOY

WAIVER OF RESPONSIBILITY – I authorize the staff/volunteers of St. Athanasios to call an ambulance for my child in case of an accident or acute illness, and to allow for possible emergency medical and surgical care, in case his/her Doctor or I are not immediately available.

Parent/Guardian Signature: _____ **Date:** _____

MEDIA CONSENT- My Signature gives permission for my child's picture and/or name to appear on the St. Athanasios website, literature and/or Facebook pages.

Parent/Guardian Signature: _____ **Date:** _____

Registration Fees (Must be paid before the first JOY/HOPE Activity)

_____ **Number of Children You are Registering**

- \$20.00 for first child \$10.00 each additional child

\$_____ **Total Registration** **Paid by Cash** _____ **Paid by Check** _____

HOPE/JOY Volunteer Form

Your contributions of time & talent are always welcome!

Name: _____

Phone Number: _____

E-mail: _____

_____ Yes, I am interested in being an Events Helper

_____ Yes, I can provide dinner entrees and/or snacks for the gatherings

For additional information or for questions please contact your HOPE/JOY Coordinators:

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(201) 546-4700
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