



Cathedral Joy Registration

The Cathedral JOY program aims to connect children ages 7-12 in a spirit of love, joy and fellowship. Every JOY meeting includes games, food, crafts, and learning about Christ.

Parent or Guardian's Names: _____

Home Address: _____

City: _____ State: _____ Zip _____

Home Phone: _____

Email Address (required): _____

****Please write clearly***

Child's Name: _____ Date of Birth _____ Age _____

Child's Name: _____ Date of Birth _____ Age _____

Child's Name: _____ Date of Birth _____ Age _____

Child's Name: _____ Date of Birth _____ Age _____

Emergency Contact: _____

Phone: _____ Cell: _____

Does your child have any medical conditions or special needs that we should be made aware of?
If so, please explain: _____

Medical Release:

In the event of sudden illness, injury or emergency, I authorize the JOY of Holy Trinity Cathedral, the Board/advisors to administer first aid or secure medical care if necessary during a JOY function. This includes medical care and treatment by a first aid station, physician or hospital.

Parent/Guardian Signature: _____ Date _____

Please Check one or more of the following areas that you can help:

___ Assistant at Meetings

___ Phone Calls/e-mails

___ Crafts

___ Music

___ Games

___ Event Planning

**Registration forms may be submitted via email to Thanasi Minetos at athanasios@thecathedralnyc.org*