

ST. JAMES ARMENIAN APOSTOLIC CHURCH

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Sunday School Registration Form
2015-2016 Year

Child's name: _____

Preferred name: _____

D.O.B. _____ Grade (as of September 2015): _____

Are you new to our Sunday School? ___ Yes ___ No

Parents' or Legal Guardians' Names: _____

Address: _____

City: _____ State _____ Zip Code _____

Telephone: (____) _____ (home) (____) _____ (cell)

E-Mail Address: _____

We will be using e-mail to send out various notifications for Sunday School including scheduling info and any cancellations.

In the event of an emergency and you cannot be reached, please give the name of someone we can contact:

Name of Person (Please Print) - Relationship to Child - Telephone

Does your child have any physical limitations, illness or allergies, including learning difficulties that we should be aware of? Please write "none" if none (use back of paper or an additional sheet if necessary):

Are you willing to substitute teach Sunday School this year? ___ Yes ___ No

Are you willing to help organize trips/special events for Sunday School this year? ___ Yes ___ No

I give permission to St. James Armenian Church to allow photos of my child for use on the church's website, Facebook page or printed materials (names will never be used with pictures) ___ Yes ___ No

Signature of Parent or Legal Guardian

Date

Thank you for enrolling your child in our Sunday School!