

ST. JAMES ARMENIAN APOSTOLIC CHURCH

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Sunday School Registration Form
2017-2018 Year

Child's name: _____

Preferred name: _____

D.O.B. _____ Grade (as of September 2017): _____ Are you new to our School? ___ Yes ___ No

Parents' or Legal Guardians' Names: _____

Address: _____ City: _____ State _____ Zip Code _____

Telephone: (____) _____ (home) (____) _____ (cell) E-Mail: _____

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

In the event of emergency and you cannot be reached, please give the name of an alternate contact.:

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

Does child have any physical limitation, 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 be interested in helping out as a back-up teacher? ___ Yes ___ No

Could you be interested in being a guest speaker on a topic of interest to you? ___ Yes ___ No

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

I give permission to St. James 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*

Please share anything else that you think would enhance your child's experience. For example, has your child ever exhibited any interest in a particular aspect of the Armenian Apostolic experience, e.g. Classical Armenian, liturgical hymns and so on? Has child had musical training? Can child speak and/or read and write Armenian?

Thank you for enrolling your child in our Sunday School!