## ST. JAMES ARMENIAN APOSTOLIC CHURCH

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Sunday School Registration Form
2023-2024 Year

Child's name:					
Preferred name:		_			
D.O.B Grade (as of S	September 2023): Are	e you new to our Sund	day School? _	_ Yes	No
Parents' or Legal Guardians'	Names:				
Address:					
City:		State	Zip C	Zip Code	
Telephone: ()	(home) () _		(cell)		
E-Mail Address:					
We will be using e-mail to send out v	various notifications for Sund	ay School including sche	duling info and a	iny canc	ellations.
In the event of an emergency an	d you cannot be reached,	please give the name	of someone we	e can co	ontact:
Name of Person (Please Print) -	Relationship to Child - Te	lephone			
Does your child have any physishould be aware of? Please wr					
Are you interested in helping as	s a back-up teacher?		,	Yes	_No
Could you serve as a guest speaker on a topic of interest to you?			Y	/es	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)				/es	No
	Signature of Parent or L	egal Guardian	Date		

Please share anything else that you think would enhance your child's experience. For example, has your child ever exhibited any interest 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!