



Sunday School Registration

Last Name of Family: _____

	Name of Child:	Date of Birth:	School Grade for 2017-18:
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Are your children baptized or confirmed members of the Armenian Apostolic Church? ___ Yes ___ No

Do we have permission to use photos of your child(ren) on the ACHT website and Facebook page? ___ Yes ___ No

Will your child(ren) be enrolling in Armenian School? ___ Yes ___ No

Names of Parents or Guardians: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ (home) _____ (cell)

_____ (cell)

Email: _____

Email: _____