

# Armenian Church Sunday School REGISTRATION FORM



1. **Student's Name:** \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Baptized in the Armenian Apostolic Church? YES \_\_\_ NO \_\_\_

Medical conditions/allergies/learning difficulties/physical limitations/other concerns:

Please advise: \_\_\_\_\_

2. **Student's Name:** \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Baptized in the Armenian Apostolic Church? YES \_\_\_ NO \_\_\_

Medical conditions/allergies/learning difficulties/physical limitations/other concerns:

Please advise: \_\_\_\_\_

3. **Student's Name:** \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Baptized in the Armenian Apostolic Church? YES \_\_\_ NO \_\_\_

Medical conditions/allergies/learning difficulties/physical limitations/other concerns:

Please advise: \_\_\_\_\_

## Parents' Names:

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_ Additional Email: \_\_\_\_\_

Are you a dues paying member of our church: YES \_\_\_ NO \_\_\_

## Special Concerns:

Please list and explain any concerns regarding: allergies; dietary or physical restrictions; medical, behavioral, or emotional concerns; learning disorder or anything special that we should be aware of (the information that you provide will assist us in meeting your child's needs in the classroom and will be kept confidential). \_\_\_\_\_

## Immunization:

If your child has NOT been fully immunized, please acknowledge the following statement:

I understand and accept the risks to my child from not being fully immunized.

Please initial \_\_\_\_\_

## Emergency Information:

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

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Relationship: \_\_\_\_\_

In the event of an emergency that requires immediate action, I authorize Sunday school personnel to take whatever steps necessary to protect the health of my child(ren).

YES \_\_\_ NO \_\_\_

Due to liability issues, while your child is in our Sunday school, you must remain on church premises until school is finished. **Please initial**\_\_\_\_\_

**Tuition:** Sunday school classes do not require a fee, however we welcome donations to offset the cost of purchasing supplies and curriculum for our students. Thank you in advance for your kind contribution!

**GET Involved!** Parental involvement is vital to the success of our school. Please indicate **one or more** areas you are interested in assisting with:

Snacks                       Special Events                       Curriculum/Classroom  
 Projects                       Luncheons                       Playground  
 Supervision                       Maintenance work                       Fundraising

Other (Please explain) \_\_\_\_\_

**What do you do?** We are always looking for assistance and donations of any kind. Please list any services and/or items that you have easy access to and may be willing to donate at some time to our church school: \_\_\_\_\_

### Armenian Church Sunday school Language and Culture

Primary Language spoken in the home \_\_\_\_\_

**Please tell us about your student's Armenian language skills: (Fluent, Limited, None)**

<b>Student's Name</b>	<b>ABC's?</b>	<b>Read?</b>	<b>Write?</b>
_____	_____	_____	_____
<b>Student's Name</b>	<b>ABC's?</b>	<b>Read?</b>	<b>Write?</b>
_____	_____	_____	_____
<b>Student's Name</b>	<b>ABC's?</b>	<b>Read?</b>	<b>Write?</b>
_____	_____	_____	_____

### IMAGE RELEASE CONSENT

As part of our Armenian Church Sunday school Program, photographs and videos of students, as they participate in the classroom and other Sunday school activities, may be taken throughout the school year. Photos may be used only for the purpose of promoting our church school program in publications such as our weekly church bulletins, church website, social media, and/or film. Photos of your child will only be used with your consent. In any of these images names and other personal information will **NOT** be identified, unless first discussed with the parent.

\_\_\_\_\_ I have read the above description and give my consent for the use of the images as indicated.

\_\_\_\_\_ I DO NOT give my consent for the use of images as indicated above.

*It is the responsibility of the parent to keep all Sunday School Registration information current.*

\_\_\_\_\_  
Parent Signature                      Parent Name (Printed)                      Date

\_\_\_\_\_  
Parent Signature                      Parent Name (Printed)                      Date