

# St. John the Baptist Melkite Church 2014-2015 Sunday School Registration Form

Family Name (Father/Mother Last Name): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Parents' E-Mail(s): \_\_\_\_\_

\_\_\_\_\_

Student's First Name	Date Of Birth	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your child have any special needs or allergies that we should be aware of?

\_\_\_\_\_

## Classes Begin - Sunday, September 7, 2014

All students are encouraged to be present for the beginning of the Divine Liturgy at 11:00 am

Registration Fee is \$50 per student made payable to St. John the Baptist Church

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### To be completed by office personnel

# of Church School Students \_\_\_\_\_ Date \_\_\_\_\_

\$ \_\_\_\_\_ Check # \_\_\_\_\_; Cash \$ \_\_\_\_\_ = Total: \$ \_\_\_\_\_