



REGISTRATION FORM

DIOCESE OF THE ARMENIAN CHURCH OF AMERICA (EASTERN)

Առաջնորդութիւն Հայոց Ամերիկայի Արեւելեան Թեմի

630 Second Ave., New York, NY 10016

Tel: (212) 686-0710 Fax: (212)779-3558

OPTIONAL

- | | | | |
|--|------------|----------|-------------------------------|
| <input type="checkbox"/> Armenian School | Tuition | \$ _____ | Paid <input type="checkbox"/> |
| <input type="checkbox"/> Sunday School | Tuition | \$ _____ | Paid <input type="checkbox"/> |
| <input type="checkbox"/> Junior Choir | Membership | \$ _____ | Paid <input type="checkbox"/> |
| <input type="checkbox"/> ACYOA Juniors | Membership | \$ _____ | Paid <input type="checkbox"/> |

Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Telephone Home _____ Cell _____

Work _____ Fax _____

E-mail: _____

Date of Birth _____ Birthplace _____

Name of Mother _____ Name of Father _____

Name of Parish/School _____

Current Grade in School _____ School Year _____

If Parents Cannot Be Contacted, Please Notify

Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Telephone: Home _____ Cell _____

Relationship _____