



Annunciation Melkite Cathedral

7 VFW Parkway, West Roxbury, MA 02132

617-323-5242

Religious Education Registration Form

2024-2025

Last Name _____

Mother's First Name _____

Father's First Name _____

Home Address _____

Emails _____

Cell Phones _____

Home Telephone _____

Name of Child _____ Date of Birth _____ Age _____ Grade _____

Name of Child _____ Date of Birth _____ Age _____ Grade _____

Name of Child _____ Date of Birth _____ Age _____ Grade _____

Name of Child _____ Date of Birth _____ Age _____ Grade _____

Name of Child _____ Date of Birth _____ Age _____ Grade _____

Allergies or other medical conditions: _____

Parents Signature _____

By signing I hold the Annunciation Cathedral and its clergy, associates, volunteers, teachers, employees, and affiliates harmless for any injury or damage that my child(ren) may suffer as a result of any activities at Sunday School.

Suggested Donation: \$25.00 per child. Family with 2 or more children: \$50.00 total.

For Rel Ed Use only:

Registration Fee received _____ Amount _____ Initials _____ Today's Date _____