## **Sunday School Registration**

## **September 2024 – May 2025**

Please Print

Parent Name(s):				
Street Address:				
City:	State	:		
Zip Code:Home				
E-mail:				
Father's Cell Phone: ( )		_		
Mother's Cell Phone: ( )	-	_		
First Day: Sunday, Septe	mber 8, 20	24, Afte	er Holy Communion.	
All Students must be registered be in good standing for the year Family should be current in its Return this application to the in the Cathedral Atrium for recathedral. Please do not drop completed the form. The register	ear 2024. (S s 2024 stew Sunday sch gistration c your child(	tewards i ardship p lool staff on Septen (ren) off v	in Good Standing – pledge and payments). members who will be mber 8th, or mail to the without having	2
	Thank you	u.		
CHILD'S NAME	D.O.B.	GRADE	COMMENTS/ALLERGI	ES
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2.				
3.				
4.		<u> </u>		
5.		1		
6.	V.CO.: 0.0:			
	AY SCHOOL ( In Received			