

MINISTRY OF RELIGIOUS EDUCATION
St. Alphonsa Syro-Malabar Church
Los Angeles

Sunday School Registration Form

STUDENT'S INFORMATION:

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____ **Age:** _____

Grade in School: _____

PARENTS' INFORMATION:

Father's Name: _____

Mother's Name: _____

ADDRESS: _____

HOME PHONE NUMBER: _____

EMAIL ID: _____