



RELIGIOUS EDUCATION

PERSONAL INFORMATION		
FIRST NAME:	LAST NAME:	
EMAIL:		
ADDRESS:		
CITY:	STATE:	ZIP:
PARISH:		
APPROXIMATE NUMBER OF CHILDREN REGISTERED IN SUNDAY CHURCH SCHOOL? -----	APPROXIMATE NUMBER OF FAMILIES IN YOUR PARISH? -----	
POSITION:	HOME PHONE:	
MOBILE PHONE:	WORK PHONE:	

PLEASE PRINT THIS FORM AND SUBMIT IT TO:
 IRENE CASSIS, RELIGIOUS EDUCATION COORDINATOR
 C/O ANNUNCIATION GREEK ORTHODOX CATHEDRAL
 3511 YOAKUM BLVD.
 HOUSTON, TX 77006

METROPOLIS SCS DIRECTOR REGISTRATION FORM.DOC