

Please mail the registration form to:

St. John Armenian Church  
Att. Deacon Rubik Mailian  
22001 Northwestern Highway  
Southfield, MI 48075  
Telephone: (248) 569-3405

Սուրբ Յովհաննէս Հայաստանեայց Եկեղեցի  
Հայոց Ժառանգական եւ Մշակութային  
Ճեմարան

St. John Armenian Church  
Armenian Heritage and Culture Lyceum



### Mission Statement/Philosophy

AHCL is a non profit Armenian School designed for the children of our parish and the community at large. The goal of the school is to educate our children in their Armenian culture and help them embrace their heritage through song, dance, art, history and food.

### Admission Policy

AHCL admits all Armenian Children between the ages of 6 - 14. Armenian language instructors will appropriately place students according to their language level.

## School Days and Hours

Classes will meet twice a month on the 2<sup>nd</sup> and 4<sup>th</sup> Saturdays from 10:00 AM - 1:30 PM. The School season will start on the second Saturday of January and run through second Saturday of June. After a summer recess the new school year will begin in September.

## Classes and Curriculum

Armenian Language/History	10:00 - 10:45 AM
Armenian Music	10:45 - 11:30 AM
Arm. Art Projects/Cooking	11:30 - 12:15 PM
Lunch (brown bag)	12:15 - 12:45 PM
Armenian Dance	12:45 - 1:30 PM

Classes will be dismissed after 1:30 PM.

## Location & Orientation Day

St. John Armenian Church facilities and classrooms.  
Saturday, November 15, 2008, 10:30 AM

## Registration

Tuition for the January-June 2009 session will be \$150 per child and \$100 for each additional child in the same family. Tuition for the complete school year, September 2009-June 2010, will be \$250 per child and \$150 for each additional child in the same family. Additional fees may be required during the school year.

Child's Full

Name.....

Birth date.....

Mother's Name.....

Father's Name.....

Home Address.....

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City.....

State/Zip.....

Home Phone.....

Mobile Phone.....

E-mail address.....

Emergency Contact

Name .....

Telephone.....

Permission to pick up

Name 1.....

Name 2.....

Health Issues.....

