

EMERGENCY REGISTRATION FORM
St. Michael's Polish Language School - Cohoes, NY 12047

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STUDENT INFORMATION

Please Print

NAME: _____ HOME PHONE: _____

ADDRESS: _____

EMAIL: _____ GRADE (fall / spring): _____

SCHOOL: _____ DATE OF BIRTH: _____

EMERGENCY CONTACT INFORMATION (During class)

NAME: _____ RELATIONSHIP: _____

HOME PHONE: _____ CELL PHONE: _____

MEDICAL INFORMATION: PLEASE INDICATE ANYTHING MEDICAL OR SPECIAL CONDITIONS WE SHOULD KNOW ABOUT THE PARTICIPANT / STUDNET:

ALLERGIES _____

MEDICATION: _____

Authorization to pick up a child from Polish school: I _____

Parent name

authorize _____ to pick up mine daughter /son
name of person allowed to pick up child/children
from St. Michael's Polish School.

PERMISSION FOR PHOTOGRAPHS

- Check here if you authorize and give consent for the taking of pictures (moving or still) of your child and further give permission for the reproduction of photos for teaching purposes, publication, and news release etc.

As the parent/guardian and the primary educator of my child's education, I will encourage and support my child to study The Polish Language on regular basis, by regularly bringing my child to scheduled classes, as well as encouraging my child to participate actively in in the classroom.

I agree to give my donation to the school by the second class.

Signature: _____ / _____ / _____
(PARENT or GUARDIAN) **(DATE)**