

EMERGENCY REGISTRATION FORM

St. Michael's Polish Language School

Cohoes, NY 12047

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Website: www.stmichaelsofcohoes.org

STUDENT INFORMATION

Please Print

NAME: _____

PHONE NUMBER: _____

ADDRESS: _____

E-mail: _____

DATE OF BIRTH (child): _____

EMERGENCY CONTACT INFORMATION (During class)

NAME: _____

RELATIONSHIP: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

MEDICAL INFORMATION:

PLEASE INDICATE ANYTHING MEDICAL OR SPECIAL CONDITIONS WE SHOULD KNOW ABOUT THE PARTICIPANT WHILE IN **CLASS**:

ALLERGIES: _____

MEDICATION: _____

____ 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 Polish classes, as well as encouraging my child to participate actively in the classroom. I will also dedicate 10 - 15 minutes every day to review and study homework.

Signature: _____ Date _____
Circle one (PARENT, GUARDIAN or Adult Student)