

Ս. ՊԵՏՐՈՍ ՀԱՅՑ. ԱՌԱՔԵԼԱԿԱՆ ԵԿԵՂԵՑԻ  
**ST. PETER ARMENIAN APOSTOLIC CHURCH**  
HONORING OUR PAST ☩ BUILDING OUR FUTURE

***St. Peter Armenian Church Saturday Armenian School***  
**ENROLLMENT APPLICATION**  
***August 2018-May 2019***

- Eastern Armenian  
 Western Armenian

**STUDENT INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Name of Current School \_\_\_\_\_ Grade Attending \_\_\_\_\_  
Address: \_\_\_\_\_ City and zip \_\_\_\_\_

**PARENTS INFORMATION**

Father's Name \_\_\_\_\_  
Address (if different than above) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Email Address \_\_\_\_\_

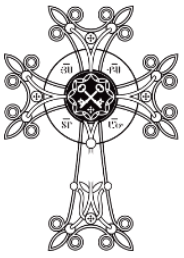
Mother's Name \_\_\_\_\_  
Address (if different than above) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Email Address \_\_\_\_\_

**IN CASE OF EMERGENCY**

Emergency Contact \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Special Notes \_\_\_\_\_

**AUTHORIZED PEOPLE TO PICK UP CHILD**

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
2) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
3) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_



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Tuition (school term):	1 <sup>st</sup> Child	( )	\$425.00 paid in advance
	2 <sup>nd</sup> Child	( )	\$400.00 paid in advance
	3 <sup>rd</sup> Child	( )	\$375.00 paid in advance
Snack fee (school term)	Per Child	( )	\$50.00 paid in advance
Book fee (school term)	Per Child	( )	\$25.00 paid in advance

It is understood that, in signing this contract, I accept legal and financial responsibility for payment of the tuition and fees of the above named Participant for the entire year.

I agree to the policy of the Program that no Participant will be accepted unless his/her tuition is paid.

I agree, in executing this Enrollment Contract, to comply with the rules and regulations of St. Peter Church Saturday School Program.

I recognize that the Program may suspend, dismiss or otherwise discipline students for a breach of these rules and regulations or for unsatisfactory conduct which is prejudicial to the best interest of the School Program.

**I/We understood that the TUITION is NOT REFUNDABLE in the event the above named participant is withdrawn any-time during the school year.**

Enrollment Contract must be signed by whoever [Parent(s) or Guardian(s)] is financially responsible for the above named Participant.

\_\_\_\_\_  
 Parent/Guardian signature \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Date

**PAYMENT OPTIONS:**

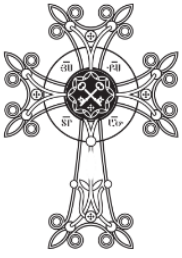
Check \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card\* \_\_\_\_\_ Number \_\_\_\_\_ Security Code \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Transaction fee applies

<b>OFFICE USE ONLY</b> <input type="checkbox"/> PAID Receipt _____ <input type="checkbox"/> CASH <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CHECK _____
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**EMERGENCY RELEASE FORM**

I (We) the undersigned parent(s) or legal guardian of \_\_\_\_\_ D.O.B. \_\_\_\_\_ minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general supervision of any member of the medical staff and Emergency Room staff licensed under the provisions of the California Medicine Practice Act or a dentist licensed under the provisions of the dental Practice Act, and on the staff of any acute general hospital holding a current license for operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care, which the aforementioned physicians in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

PHYSICIAN'S NAME AND PHONE NUMBER \_\_\_\_\_

HEALTH INSURANCE CARRIER NAME \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

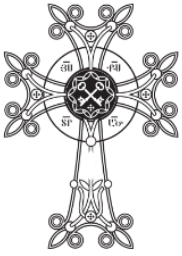
Any special medication taken/allergies or important information/comments:

\_\_\_\_\_

I understand that emergency information is required by the St. Peter Church Saturday Armenian School for the release and treatment of my child for any problem requiring possible emergency action. It is my responsibility to notify the school IMMEDIATELY of any change.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT PARENT NAME \_\_\_\_\_



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PHOTO RELEASE FORM

I hereby grant St. Peter Armenian Apostolic Church Saturday Armenian School permission to use my child (s) likeness in photographs and/or video in any and all of its publications, including Web space, and in any and all other media, whether now known or hereafter existing, **controlled by St. Peter Armenian Church**, in perpetuity, and for other use by the Saturday School. I will make no monetary or other claim against St. Peter Armenian Church Summer Program for the use of the photographs and/or video.

Student(s) Name (print full name) \_\_\_\_\_

Parent's Name (print full name) \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_