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Honoring our Past 💮 Building our Future

#### St. Peter Armenian Church Saturday Armenian School ENROLLMENT APPLICATION September 2025 - May 2026

First Day of School: September 6, 2025

\* Please complete all fields

STUDENT INFORMATION		
Last Name	First Name	
Address		
Date of Birth		
□ New Student		
□ Returning Student (Name of Prior Y	(ear Teacher)	
Armenian dialect preference	Eastern Armenian	Western Armenian
<b>PARENTS' INFORMATION</b>	**	at least one E-mail address is required**
Father's Name		
Address (if different than student)		
Cell Phone Number		
E-mail Address		
Address (if different than student)		
Cell Phone Number		
E-mail Address		
Preferred Phone Number for school communication 🛛 🗆 Father 🗆 Mother 🗅 Both		
Preferred E-mail Address for school communication 🛛 🗆 Father 🗆 Mother 🗆 Both		
IN CASE OF EMERGENCY (besid	es parents)	
Emergency Contact		
Relationship	Phone	
Special Notes		
AUTHORIZED PEOPLE TO PICK		
1)Name		
2)Name		
3)Name	_Relationship	Phone



Parent/Guardian Signature

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### St. Peter Armenian Church Saturday Armenian School ENROLLMENT APPLICATION September 2025 - May 2026

#### Please return enrollment application to: stpsaturdayschool@stpeterarm.org

Donation (school term):	1 <sup>st</sup> Child	() \$750.00 paid in advance
	2 <sup>nd</sup> Child	() \$725.00 paid in advance
	3 <sup>rd</sup> Child	() \$700.00 paid in advance

It is understood that, in signing this contract, I accept responsibility for my commitment for the above named Participant for the entire year.

I agree to the policy of the Program that no Participant will be accepted unless they fulfill their commitment.

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.

#### *<u>I/We understood that the DONATION is NOT REFUNDABLE in the event the above named participant is withdrawn</u> <u>anytime during the school year.</u>*

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

\_\_\_\_/\_\_\_/\_\_\_\_ Date

PAYME	NT OPTIONS:			DONATIONS ARE NOT REFUNDABLE
Cash	Check	Credit Card *	Pay Pal	
1. 2. 3.	-			
*Transaction fee applies				OFFICE USE ONLY PAID Receipt
*Credit Ca	rd Payment Confirma	ntion Number		□ CASH □ CREDIT CARD
*PavPal Pavment Confirmation Number			□ CHECK	

17231 SHERMAN WAY, VAN NUYS, CA 91406 🐵 818.344.4860 FAX: 818.344.1926



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## St. Peter Church Saturday Armenian School

## EMERGENCY RELEASE FORM

I (We) the undersigned parent(s) or legal guardian of \_\_\_\_\_\_ D.O.B. \_\_\_\_\_\_ 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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St. Peter Church Saturday Armenian School

### 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\_\_\_\_\_