



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 2019-May 2020

- Eastern Armenian
 Western Armenian

* Please fill all the fields

STUDENT INFORMATION

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

PARENTS INFORMATION **Child lives with (please check one)** Father Mother Both

Paperwork required if the child lives with one parent.

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

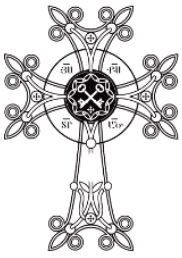
Mother's Name _____
 Address (if different than above) _____
 Home Phone _____ Cell phone _____

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): 1st Child () \$500.00 paid in advance
2nd Child () \$475.00 paid in advance
3rd Child () \$450.00 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.

/We understood that the TUITION is NOT REFUNDABLE in the event the above named participant is withdrawn any-time during the school year.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

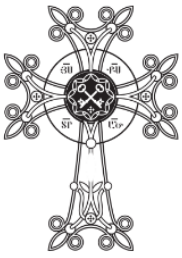
Cardholder's Name _____ Exp. Date _____

Cardholder's Signature _____ Date _____

*Transaction fee applies

DONATIONS ARE NOT REFUNDABLE

<p>OFFICE USE ONLY</p> <p><input type="checkbox"/> PAID Receipt _____</p> <p><input type="checkbox"/> CASH</p> <p><input type="checkbox"/> CREDIT CARD</p> <p><input type="checkbox"/> CHECK _____</p>



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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 _____

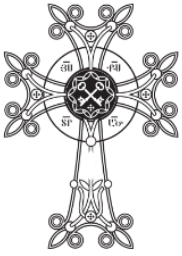
HEALTH INSURANCE CARRIER NAME _____ POLICY NUMBER _____

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 _____