



**Saint John Paul II Polish School
In Las Vegas
www.polishschoollv.com**



Elizabeth Youngman – (702) 232-4488
Urszula Stern – (702) 610-5011
polishschoollv@gmail.com

REGISTRATION FORM 2018 - 2019

STUDENT'S NAME	
ADDRESS	
E-MAIL	
HOME PHONE #	

PARENTS:

Mother's name		Special information about a student (illness, allergies, medications, special need, etc.)
Cell phone #		
Father's name		
Cell phone #		

EMERGENCY CONTACT:

First and last name	
Contact phone #	

FILL OUT FOR EACH STUDENT ATTENDING SCHOOL

LAST NAME	FIRST NAME	DATE OF BIRTH M/D/Y	PLACE OF BIRTH	1ST PAYMENT (for office use only)	2ND PAYMENT (for office use only)

YEARLY TUITION (for office use only)

1st child- \$280; 2nd child-\$250; 3rd child- \$200	\$
PAID \$ _____, Check # _____, Cash Yes: _____ <i>(Check payable to Our Lady of Las Vegas)</i>	

School Administrator's Signature

Date

Parent's Signature

Date

SAINT JOHN PAUL II POLISH SCHOOL
RESIDES AT: OUR LADY OF LAS VEGAS CATHOLIC SCHOOL
(CURRENT LOCATION OF POLISH SCHOOL: 3046 ALTA DRIVE, LAS VEGAS, NV 89107)

INSURANCE AND HOLD HARMLESS

The usher's family agrees to the extent allowed by law to protect, indemnify, save, and keep harmless Our Lady of Las Vegas School and Church, and John Paul II Polish School, its officers, agents, servants, and employees against and from any accident or other occurrence on or about said premises as a result of incident to, occasioned by or during usher's use, causing injury to person or property whomsoever and whatsoever; and will protect, indemnify, and save, and keep harmless the above mentioned parties from any and all claims, cost or expense arising out of any failure of the usher in any respect to comply with, and perform all the requirements and provisions agreed to, and required by any law ordinance.

MEDICAL CONSENT AGREEMENT

If neither parent can be contacted, I authorize the John Paul II Polish School to take such emergency action as may be deemed necessary.

I have read and fully understand the above details and waiver and release of all claims.

Parent/Guardian's Signature

Date

INVOLVEMENT AGREEMENT

As a parent and a member of the Polish School, I agree to support and be actively involved in all events organized by the school. I understand that all profits from any event go toward the school funds. I agree to donate prior to the event if I am unable to actively support it.

Parent/Guardian's Signature

Date

SAINT JOHN PAUL II POLISH SCHOOL IN LAS VEGAS

PHOTO AND VIDEO RELEASE FORM

I do hereby grant **Saint John Paul II Polish School in Las Vegas** the unlimited right to use and/or produce photographs, likenesses or the voice of my child in any legal manner and for the internal and external promotional and informational activities of **Saint John Paul II Polish School**. I also agree to allow my child work and/or photograph to be published on the **Saint John Paul II Polish School** internet web site, Facebook, Google+, or other media and publications. I further understand that my signing this release, I waive all present or future compensation rights to the use of the above stated materials.

Saint John Paul II Polish School in Las Vegas

(School Name)

(Student Name)

(Parent/Guardian Name - Please Print)

(Parent/Guardian Signature)

(Date)