



# Saint John Paul II Polish School

in Las Vegas

[www.polishschoollv.com](http://www.polishschoollv.com)

Contact email: [polishschoolv@gmail.com](mailto:polishschoolv@gmail.com)



## REGISTRATION FORM 2023 – 2024

LAST NAME	FIRST NAME	DATE OF BIRTH MM/DD/YYYY	Place of Birth	1 <sup>ST</sup> PAYMENT (for office use only)	2 <sup>ND</sup> PAYMENT (for office use only)

### PARENTS:

Mother's name		Father's name	
Cell phone #		Cell phone #	
E-mail:		E-mail:	
Home Address			

EMAIL WILL BE USED FOR COMMUNICATING IMPORTANT INFORMATION THROUGHOUT THE SCHOOL YEAR

### EMERGENCY CONTACT:

First and last name	
Contact phone #	

### Special information about the student (illness, allergies, medications, special needs, etc.)

\*Parents are required to remain on school premises during school time with students who are not potty trained.

### YEARLY TUITION (for office use only)

1st child- \$300; 2nd child-\$270; 3rd child- \$250; 4 <sup>th</sup> child - \$230	<b>TOTAL DUE \$</b> _____
PAID \$ _____, Check # _____, Cash Yes: _____	
PAID \$ _____, Check # _____, Cash Yes: _____	
<b>(PLEASE MAKE CHECKS PAYABLE TO: OUR LADY OF LAS VEGAS, Memo: Polish School)</b>	

\_\_\_\_\_  
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.

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

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Parent/Guardian's Signature

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Date

**INVOLVEMENT AGREEMENT**

As a parent and a member of the Polish School, I agree to support and be actively involved in 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.

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Parent/Guardian's Signature

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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**. 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, Instagram, 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**

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(School Name)

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(Student Name)

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(Parent/Guardian Name - Please Print)

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(Parent/Guardian Signature)

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(Date)