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

Contact email: polishschoollv@gmail.com

REGISTRATION FORM 2026 – 2027

LAST NAME	FIRST NAME	DATE OF BIRTH MM/DD/YYYY

PARENTS INFORMATION:

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

STUDENT ALLERGIES:

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

***PARENTS ARE REQUIRED TO REMAIN ON SCHOOL PREMISES DURING SCHOOL TIME FOR STUDENTS OF MRS. EWA CLASS (YOUNGEST CLASS) ***

PLEASE MAKE CHECKS PAYABLE TO: OUR LADY OF LAS VEGAS, MEMO: Polish School

School Administrator's Signature Date

Parent's Signature Date

TUITION PAYMENT (PARENTS PLEASE DO NOT WRITE IN GRAY AREA)

1st child- $350; 2nd child-$270; 3rd child- $250; 4th child - $230	***TOTAL DUE*** ***$_____***

PAYMENT #1 DATE PAID _____ AMOUNT $_____ Check / Cash (circle one) Check#:_____

PAYMENT #2 DATE PAID _____ AMOUNT $_____ Check / Cash (circle one) Check#:_____

PAYMENT #3 DATE PAID _____ AMOUNT $_____ Check / Cash (circle one) Check#:_____

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 VOLUNTEER IN **AT LEAST ONE FUNDRAISING EVENT** ORGANIZED BY THE SCHOOL. I UNDERSTAND THAT ALL PROFITS FROM ANY EVENT GO TOWARD THE SCHOOL FUNDS. IN THE EVENT I AM UNABLE TO FULFIL MY AGREEMENT I WILL MAKE A DONATION PRIOR TO THE EVENT

_____ _____
Parent/Guardian's Signature Date

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 in Las Vegas. 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
(School's Name)

_____ _____
(Student's Name) (Date)

_____ _____
(Parent/Guardian's Name - Please Print) (Parent/Guardian's Signature)