**주일학교 학생등록 원서**

**Sunday School Program Registration Form (2023 – 2024)**

**학생 정보 (Student Information):** [ ] **기존학생(Returning )** [ ] **신규학생 (New)**

|  |  |  |
| --- | --- | --- |
| 한글이름 (Korean Name) | 영문이름(Legal Name) | 영문 세례명 (Baptism Name) |
| 생년월일 (Date of Birth) | 학교 (School) | 등록학년 (Grade) |
| 성별 (Gender)  [ ]  Female [ ]  Male | 신자등록여부 (Registered)  [ ]  Yes [ ]  No |  |
| 세례 (Baptism) [ ]  Yes [ ]  No  | 첫영성체 (First Communion)[ ]  Yes [ ]  No | 견진성사 (Confirmation)[ ]  Yes [ ]  No |
| 주소(Address): |

**보호자 정보 (Parents / Guardian Information)**

|  |  |  |  |
| --- | --- | --- | --- |
|  한글성함 (Name)\* Primary contact person first | 영문성함(Legal Name) | 세례명(Baptism Names) | 학생과의 관계(Relationship) |
| 1.  |  |  |  |
| 연락처 (Phone #)  | E-mail:  |
| 2.  |  |  |  |
| 연락처 (Phone #)  | E-mail:  |

**형제자매정보 (Sibling Information)**

|  |  |  |  |
| --- | --- | --- | --- |
| 영문이름 (Legal Name) | 한글이름 (Koren Name) | 학년 (Grade) | 성별 (Gender) |
| 1.  |  |  | [ ]  F [ ]  M  |
| 2.  |  |  | [ ]  F [ ]  M  |
| 3.  |  |  | [ ]  F [ ]  M  |

**For Office Use Only**

|  |  |  |
| --- | --- | --- |
| Registration Date | / /  | Received by:  |
| Early Registration(5/21 ~ 7/30) | 1 Student$100.00 | 2 Students$160.00 | 3 Students$200.00 | [ ]  Paid by [ ]  Check #\_\_\_\_\_\_\_\_\_\_\_ [ ]  Cash \_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Unpaid |
| Regular Registration(7/25 ~ ) | 1 Student$120.00 | 2 Students$200.00 | 3 Students$240.00 |
| Entered by:Entered Date:  | Notes: |

**Medical Release/Waiver Form 2023-2024**

**1. Special Medical or Learning Concerns/Needs:**  [ ]  None [ ]  Yes (List below)

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| --- |
|  |

**2. Allergies:** [ ]  None [ ]  Yes (List below)

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| --- |
|  |
|  |

**3. Non-prescription Medication** (Tylenol, Advil, or Ibuprofen, etc)

□ Yes, I hereby grant my permission for non-prescription medication to be given to my child, if deemed appropriate. A parent/guardian will be contacted prior to administering any non-prescription medication.

□ No, I decline to grant my permission. Do not give non-prescription medication to my child.

**4. Emergency Medical Treatment**

In the event of an emergency, I hereby give my permission to transport my child to a hospital for emergency medical attention. I wish to be advised prior to any further treatment by the doctor and hospital. If you are unable to reach me, contact:

**2023 - 2024 WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT**

I also hereby give my consent to all photographs, audio recordings, work, and/or video recordings taken of my child/children by St. Andrew Kim Korean Catholic Church of Atlanta. I understand that any such photographs, audio recordings, work, and/or video recordings may be used by St. Andrew Kim Korean Catholic Church of Atlanta in any and all broadcast and electronic media formats now existing or in the future created. Common examples of usage would be posting a photo taken during church events in the parish bulletin or on its website.
I acknowledge that the St. Andrew Kim Korean Catholic Church of Atlanta's web site content is not private and can be reviewed, copied, downloaded, and transmitted by anyone with access to the Internet and that St. Andrew Kim Korean Catholic Church of Atlanta has no control over any third party or outside viewers. I hereby waive, release, and forever discharge any and all claims, demands, or causes of action against St. Andrew Kim Korean Catholic Church of Atlanta from the publishing or posting of information on the St. Andrew Kim Korean Catholic Church of Atlanta's all forms of broadcast and electronic media, including but not limited to Internet website.
I AM THE PARENT OR LEGAL GUARDIAN of the student whose name appears below. I have read and understand this Waiver, Release and Indemnification Agreement, and consent on behalf of the Participant to its terms.

**Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_