



# 종교학교 학생등록 원서

## Religious Education Program Registration Form

학생 정보 (Student Information):     기존학생(Returning)     신규학생 (New)

한글이름 (Korean Name)	영문이름 (Legal Name)
영문 세례명 (Baptism Name)	생년월일 (Date of Birth)
성별 (Gender) <input type="checkbox"/> Female <input type="checkbox"/> Male	등록학년 (Grade)
세례 (Baptism) <input type="checkbox"/> Yes <input type="checkbox"/> No	첫영성체 (First Communion) <input type="checkbox"/> Yes <input type="checkbox"/> No 견진성사 (Confirmation) <input type="checkbox"/> Yes <input type="checkbox"/> No

### 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:	
주소(Address):			

### 형제자매정보 (Sibling Information)

영문이름 (Legal Name)	한글이름 (Koren Name)	학년 (Grade)	성별 (Gender)
1.			<input type="checkbox"/> F <input type="checkbox"/> M
2.			<input type="checkbox"/> F <input type="checkbox"/> M
3.			<input type="checkbox"/> F <input type="checkbox"/> M

### For Office Use Only

Registration Date	/	/	Received by:	
Early Registration (4.9 ~ 5.14)	1 Student \$65.00	2 Students \$125.00	3 Students \$185.00	<input type="checkbox"/> Paid by <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash _____
	Regular Registration (5.15 ~ )	1 Student \$80.00	2 Students \$150.00	
Entered by:		Notes:		
Entered Date:				



# Medical Release Form 2017-2018

St. Andrew Kim Korean Catholic Church of Atlanta

2249 Duluth HWY, Duluth, GA 30097

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

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 (aspirin, 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:

Emergency Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

Relation to Participant: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

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

