**애틀란타 성 김대건 한인 천주교회**

  **St. Andrew Kim Korean Catholic Church of Atlanta**

 **2016** **- 2017학년도 한국학교 등록 원서**

 **Application for Korean School 2016-2017**

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| 학생 이름 (1st)Students Name | 한글Korean |  | 생년월일Birth Date |  |
| 영어English |  | 성별Gender |   | 학년Grade |  |
| 학생 이름 (2nd)Students Name | 한글Korean |  | 생년월일Birth Date |  |
| 영어English |  | 성별Gender |  | 학년Grade |  |
| 학부모 연락처Parent’s Contact | 아버지 이름Father Name | 어머니 이름Mother Name | 전화번호Phone Number |  |
|  |  | Email  |  |
| 비상시 연락처 Emergency Contact | 이름Name |  | 전화번호Phone Number |  |
|  한국어 능력Korean Language Ability |  | 전혀 못합Nothing | 못함Poor | 보통Average | 잘함Good |
| 말하기Speaking |  |  |  |  |
| 듣기Listening |  |  |  |  |
| 쓰기Writing |  |  |  |  |
| 읽기Reading |  |  |  |  |
| I, (Parent/Guardian above), grant permission for my child, (Participant above), to participate in this parish ministry. This ministry will take place under the guidance and direction of parish employees and/or volunteers from the parish. As a parent and/or legal guardian, I remain legally responsible for any personal actions taken by my child. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns to hold harmless and defend this parish (Korean Martyrs Catholic Church of Atlanta), its officer, directors and agents and the archdiocese of Atlanta, Georgia, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection with therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Atlanta. Chaperones or representatives associated with the event for reasonable attorney’s fees and expenses arising in connection therewith. I/We hereby grant permission for publication of group (two or more persons) photo taken at school events.I hereby grant permission for non-prescription medications to be given, if deemed appropriate. Drug allergies Other allergies *I* reactions (food, plants, insects, etc.) List any other health problems *I* limitations that we need to be aware Application’s or Parent’s Signature신청자 또는 부모 서명 Date .  (This Medical Release is good for the period of one year; beginning 8/21/2016 and ending5 /15/2017)*Office use*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *구 분* | *접수학생별 등록비* | *지불방법* | *현금* | *$* |
| *1인**$50.00* | *2인**$90.00* | *3인 이상**$130.00* | *Check* | *#* |
| *접수자* |  | *접수일시* |  *2016년 월 일* |
|  2016년5월23일부터 등록하시면 Late Fee($10.00)가 있습니다. |

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