



애틀란타 성 김대건 한인 천주교회
St. Andrew Kim Korean Catholic Church of Atlanta
2016 - 2017 학년도 한국학교 등록 원서
Application for Korean School 2016-2017

학생 이름 (1 st) Students Name	한글 Korean		생년월일 Birth Date			
	영어 English		성별 Gender		학년 Grade	
학생 이름 (2 nd) Students Name	한글 Korean		생년월일 Birth Date			
	영어 English		성별 Gender		학년 Grade	
학부모 연락처 Parent's Contact	아버지 이름 Father Name	어머니 이름 Mother Name	전화번호 Phone Number			
			Email			
비상시 연락처 Emergency Contact	이름 Name		전화번호 Phone Number			
한국어 능력 Korean Language Ability		전혀 못함 Nothing	못함 Poor	보통 Average	잘함 Good	
	말하기 Speaking					
	듣기 Listening					
	쓰기 Writing					
	읽기 Reading					

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 / reactions (food, plants, insects, etc.) _____

List any other health problems / limitations that we need to be aware _____

Application's or Parent's Signature 신청자 또는 부모 서명 _____ Date _____

(This Medical Release is good for the period of one year; beginning 8/21/2016 and ending 5/15/2017)

Office use

구분	접수학생별 등록비			지불방법	현금	\$
	1인 \$50.00	2인 \$90.00	3인 이상 \$130.00		Check	#
접수자				접수일시	2016년 월 일	

2016년 5월 23일부터 등록하시면 Late Fee(\$10.00)가 있습니다.