

주일학교 학생등록 원서
Sunday School Program Registration Form (2022 - 2023)

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

한글이름 (Korean Name)	영문이름 (Legal Name)	영문 세례명 (Baptism Name)
유스학생 이메일주소 (Email Add.)	유스학생 연락처 (Phone#)	생년월일 (Date of Birth)
성별 (Gender) <input type="checkbox"/> F / <input type="checkbox"/> M	등록학년 (Grade)	학교 (School)
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
주소(Address):		

형제자매 정보(Sibilling information)

한글이름(Korean Name)/영문이름(Legal Name)	세례명 (Baptism Names)	학년 (Grade)	주일학교등록 (Registration)
1.			<input type="checkbox"/> Yes <input type="checkbox"/> No
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No
3.			<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:	

For Office Use Only

Registration Date	/	/	Received by:		
Early Registration (5/1 ~ 7/24)	1 Student \$80	2 Students \$150.00	3 Students \$200.00	<input type="checkbox"/> Check # _____ \$ _____	
	Regular Registration (7/25 ~)	1 Student \$100.00	2 Students \$180.00	3 Students \$240.00	<input type="checkbox"/> Cash \$ _____ <input type="checkbox"/> Unpaid _____
Entered by:			Notes:		
Entered Date:					





Medical Release/ Waiver Form 2022 - 2023

1. **Special Medical Needs:** None Yes (List below) – Name _____

2. **Allergies:** None Yes (List below) – Name _____

3. **Non-prescription Medication** (Tylenol, Advil, or Ibuprofen, etc): Yes No, I decline

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

4. **Emergency Medical Treatment** Yes No, I decline

In the event of an emergency, I hereby give my permission to transport my child/children to a hospital for emergency medical attention. I understand that every effort will be made to contact parent/guardian prior to emergency treatment. If you are unable to reach me, contact:

2022 - 2023 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.

Child’s Name (please print): _____

Parent/Guardian Signature: _____ Date ____/____/____

