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 ARMENIAN EVANGELICAL BROTHERS CHURCH

Shoghagat Armenian Saturday School
 (818) 254-8806
ShoghagatSchool@gmail.com
 Shoghagat.org

OFFICE USE ONLY

- PAID Receipt _____
- CASH _____
- CHECK _____



- Western Armenian Eastern Armenian

Revised 6/23/20

Student Application

**Please fill out this form completely and accurately.*

Applicant Information

Full Name: _____ Birthdate: ____ / ____ / ____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Current Grade Level: _____ Name of School: _____

Special Needs (if any): _____ Allergies (if any): _____

List Any Dietary Restrictions: _____

Which Armenian is spoken at home? Western Eastern None

Parent/Guardian Information

Full Name: _____ Relationship: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: _____ E-mail _____

Cell Phone: _____ Best number to reach you _____

Emergency Contact

Full Name: _____ Relationship: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: _____ E-mail _____

Cell Phone: _____ Best number
to reach you _____

Enrollment Contract

It is understood that, in signing this contract, I accept legal and financial responsibility for payment of the tuition and fees of the above named Student for the entire semester.

I agree, in executing this Enrollment Contract, to comply with the rules and regulations of Armenian Evangelical Brethren Church/*Shoghagat* Armenian Saturday School.

I agree to pay all required tuition and fees for their child attending *Shoghagat*. If there is a difficulty to pay, partial and full scholarships are available on the basis of need and will be reviewed annually. Criteria for aid include program resources, which may change year-to-year, as well as considerations of income and expense. Applications for aid must be made annually. Inquiries are held in strict confidence and may be directed to the Church Council.

I recognize that the Program may suspend, dismiss or otherwise discipline students for a breach of these rules and regulations or for unsatisfactory conduct which is prejudicial to the best interest of the Saturday Program. I understand that the TUITION is NON REFUNDABLE in the event the above named participant is withdrawn anytime during the school year/semester.

I understand that tuition is due before the school year starts. In the event of an emergency where in-person meeting is not advisable, class will continue online on a different schedule. In such case, tuition is still due and no refunds or proration will be made.

Enrollment Contract must be signed by whoever [Parent(s) or Guardian(s)] is legally and financially responsible for the above named Student.

Liability Release and Signature

LIABILITY RELEASE: In consideration of the Armenian Evangelical Brethren Church (Glendale) allowing the above child/teen to participate in Shoghagat Armenian Saturday School activities, We(I), the undersigned, do hereby release, forever discharge and agree to hold harmless school, employees, volunteers and agents (collectively herein the church property) from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the under signed and the above child/teen while involved in school activities and/or while on church property.

Print Parent Name: _____

Signature: _____ Date: _____

EMERGENCY RELEASE

I (We) the undersigned parent(s) or legal guardian of _____ D.O.B. _____ minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general supervision of any member of the medical staff and Emergency Room staff licensed under the provisions of the California Medicine Practice Act or a dentist licensed under the provisions of the dental Practice Act, and on the staff of any acute general hospital holding a current license for operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care, which the aforementioned physicians in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

PHYSICIAN'S NAME AND PHONE NUMBER _____

HEALTH INSURANCE CARRIER NAME _____ POLICY NUMBER _____

Any special medication taken/allergies or important information/comments:

I understand that emergency information is required by Armenian Evangelical Brethren Church/*Shoghagat* Armenian Saturday School for the release and treatment of my child for any problem requiring possible emergency action. It is my responsibility to notify the school IMMEDIATELY of any change.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PRINT PARENT NAME _____

PHOTO RELEASE

I hereby grant *Armenian Evangelical Brethren Church/Shoghagat Armenian Saturday School* permission to use my child's/children's likeness in photographs and/or video in any and all of its publications, including Web space and social media, and in any and all other media, whether now known or hereafter existing, controlled by *Armenian Evangelical Brethren Church*, in perpetuity, and for other use by the *Shoghagat Armenian Saturday School*. I will make no monetary or other claim against *Armenian Evangelical Brethren Church* for the use of the photographs and/or video.

STUDENT(s) NAME (print full name) _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PRINT PARENT NAME _____



AUTHORIZATION TO PICK UP

Name of Child(ren): _____

I hereby inform Shoghagat Armenian Saturday School that the people listed below are authorized to pick up the above named child(ren) at anytime. Accordingly, Shoghagat teachers are hereby instructed to release my child(ren) into the care of the following people whenever they come to Shoghagat Armenian Saturday School.

AUTHORIZED PICK-UP PERSON:

<u>Name:</u>	<u>Relationship to Child:</u>	<u>Phone Number:</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I understand that:

- Parents/guardians must inform the office (call, leave a note at drop off) of the name of the person who is picking up their child on any day when they themselves are not. (818) 507-7400
- The “Authorized Pick-Up Person” must be at least 18 years old and may be asked to provide a photo ID to the staff.
- This authorization shall remain in force until edited or rescinded in writing by the signers of this authorization.

Authorized by:

Parent/Guardian Signature _____ **Date** _____