



*Komisja Kulturalno-Oświatowa "Szkoła Polska" przy PLBA
Polish Cultural Enrichment Program at PLBA*

szkolapolskapdx.org

Formularz Rejestracyjny

rok 2024/2025- Dzieci/Młodzież/ Klasa
Dorosłych

Registration Form

2024/2025 School Year - Children /Youth Group /Adult
Class

LINK

Imię i Nazwisko dziecka / Student's First & Last Name

Data i Miejsce Urodzenia / Date and Place of Birth

Imiona Rodziców / Parents' Names

Adres / Address

Miasto / City

Stan / State

Zip

Numer telefonu / Telephone Number

Komórka / Cellphone

Email

Nazwa Szkoły Dziecka / Name of Child's School

Klasa /
Grade



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Znajomość języka polskiego / Knowledge of the Polish language:

- Dobra / Good
- Średnia / Average
- Nie mówi po Polsku / Doesn't speak Polish

Comments

Ilość Rodzeństwa /
Number of Siblings

Rodzeństwo w Polskiej Szkole / Siblings in Polish
School

Talent(y) Dziecka / Child's Talent(s)

Uwagi / Comments



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Consent to Medical Care for a Minor

By signing this form, I (we) _____
(print names) hereby authorize the Polish Cultural Enrichment Program Representative to consent to any medical care and treatment for

_____ (Child) that is recommended by a licensed healthcare provider to whom the Child is presented for treatment. In order to ensure that the Child receives prompt medical care and treatment when necessary, I (we) hereby release any licensed healthcare provider issuing medical care to the Child in reliance of this form from liability relating to such provider's acceptance of my (our) substitute caregiver's consent.

This consent is dated _____, _____ and is valid until May 2025.

Parent's Signature

Date

Second Parent's Signature (optional)

Date

Emergency Contact Information

Telephone numbers where we can reach you in case of emergency:

Name

Phone number

Name

Phone number



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Medical History

Failure to complete any of the following DOES NOT impair the validity of this consent to medical care for a minor.

Child's Name

Child's Birth Date

Allergies

Blood Type

Date of Last Tetanus Shot

Religion

Previous Hospitalizations and/or Major Illnesses

Current Medications

Pediatrician

Telephone #

Other Important
Information

Insurance Company

Policy Number

Group Number



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Upoważnienie / Authorization

(Imię i Nazwisko Dziecka/Child's First and Last Name)

Upoważniam następujące osoby do odebrania mojego dziecka/dzieci ze szkoły Polskiej jeżeli nie będę w stanie odebrać mojego dziecka/dzieci osobiście.

The following person/people have my permission to pick up my child/children from the school premises if we (parents/guardians) are not going to be able to do so:

Imię i Nazwisko / First and Last Name	Stopień Pokrewieństwa / Relation to the Child	Numer Telefonu / Telephone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Podpis rodziców/Parent's Signature

Data/Date



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PHOTO CONSENT FORM

I, _____ with a mailing address of _____ City of _____, State of _____ (the "Releasor") grant permission and give my consent to Polish Cultural Enrichment Program to photograph or video record my child(-ren) during school or events associated with the school as well as use these electronic media images under any legal use:

Parent or legal guardian's name (Please print)

Parent or legal guardian's signature

Date



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Tuition & Fees

There are two separate payments needed at the beginning of every year:

1. Polish Library Building Association (PLBA) - Membership Fee
 - 1.1. Family Membership \$40.00
2. Polish Cultural Enrichment Program (PCEP) - Tuition
 - 2.1. \$ 180.00 for 1 child
 - 2.2. \$ 280.00 for 2 children (discounted)
 - 2.3. \$ 350.00 for 3 children (discounted)

Accepted forms of Payment:

- Cash
- Check

1. PLBA
2. PCEP

Finally, we kindly ask that you have your registration and payments submitted by the end of October; the sooner the better.

-Thank you