



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

## **Formularz Rejestracyjny**

rok 2022/2023- Dzieci/Młodzież/ Klasa Dorosłych

## **Registration Form**

2022/2023 School Year - Children /Youth Group /Adult Class

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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

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Email

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Nazwa Szkoły Dziecka / Name of Child's School

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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

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Comments

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Ilość Rodzeństwa /  
Number of Siblings

---

Rodzeństwo w Polskiej Szkole / Siblings in Polish  
School

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

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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 2022.

\_\_\_\_\_  
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.

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Child's Name

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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



## **Upoważnienie / Authorization**

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(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. _____	_____	_____

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Podpis rodziców/Parent's Signature

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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. \$120.00 for 1 child
  - 2.2. \$210.00 for 2 children (discounted)
  - 2.3. \$300.00 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