

# The 103 Saints Korean Catholic Center SRE Student Registration Form

## 1. Students Information :

1<sup>st</sup> Student  New  Renew

Last Name		First Name		Date of Birth	
School		Grade		T-Shirt size	
Baptism	Received : <input type="checkbox"/> Yes / <input type="checkbox"/> No		Baptismal Name		
First Communion	Received : <input type="checkbox"/> Yes / <input type="checkbox"/> No		Confirmation	Received : <input type="checkbox"/> Yes / <input type="checkbox"/> No	

2<sup>nd</sup> Student  New  Renew

Last Name		First Name		Date of Birth	
School		Grade		T-Shirt size	
Baptism	Received : <input type="checkbox"/> Yes / <input type="checkbox"/> No		Baptismal Name		
First Communion	Received : <input type="checkbox"/> Yes / <input type="checkbox"/> No		Confirmation	Received : <input type="checkbox"/> Yes / <input type="checkbox"/> No	

3<sup>rd</sup> Student  New  Renew

Last Name		First Name		Date of Birth	
School		Grade		T-Shirt size	
Baptism	Received : <input type="checkbox"/> Yes / <input type="checkbox"/> No		Baptismal Name		
First Communion	Received : <input type="checkbox"/> Yes / <input type="checkbox"/> No		Confirmation	Received : <input type="checkbox"/> Yes / <input type="checkbox"/> No	

◇ Please attach certification (Baptismal, First Communion, Confirmation) if your child a new student.

## 2. Parent / Guardian Information

Relationship	Full Name	Cell Phone	Work Phone	E-mail
Address				
City /Zip Code			Home Phone	

## 3. Emergency Contact

Full Name	Relationship	Cell Phone	Work Phone	E-mail

## 4. Class Information

Class	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	자모회비	Total
Register	\$ 120 / year	\$ 100.00 / year	\$ 80.00 / year	Free	\$ 50.00 / year	
Early Register	\$ 100 / year	\$ 80 / year	\$ 60 / year	Free	\$ 50.00 / year	

Payable to : The 103 SKCC Sunday School

Refund : Prior to the start of classes, fees will be refund except the \$ 20.00 non-refundable processing fee.  
After classes have begun, none of the fees are refundable.

5. Parent's(Guardian's) Signature : \_\_\_\_\_ Date \_\_\_\_\_

# The 103 Saints Korean Catholic Center SRE Student Minor Permission & Release Form

Event/Program : \_\_\_\_\_

Date(s) : \_\_\_\_\_ Time : \_\_\_\_\_

Location : \_\_\_\_\_

*(Please Print)*

Participants Full Name : 1. \_\_\_\_\_ Date of Birth : \_\_\_\_\_ Grade : \_\_\_\_\_

2. \_\_\_\_\_ Date of Birth : \_\_\_\_\_ Grade : \_\_\_\_\_

3. \_\_\_\_\_ Date of Birth : \_\_\_\_\_ Grade : \_\_\_\_\_

Parent's Full name : \_\_\_\_\_ Home : \_\_\_\_\_ Cell : \_\_\_\_\_

If you cannot be reached call : (Name) \_\_\_\_\_ Cell : \_\_\_\_\_

Family Physician : (Name) \_\_\_\_\_ Cell : \_\_\_\_\_

Insurance Company : \_\_\_\_\_ Policy No : \_\_\_\_\_

Allergies / Medical Problems / Disabilities: \_\_\_\_\_

1) I, the Parents (guardian) of 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ hereby give my permission for her/his participation in the above named activity. I agree to direct my child to cooperate and conform to directions and instructions of school or personnel responsible for this Activity.

2) As a condition of my child being allowed to do so, I hereby release and discharge, its constituent organizations including but not limited to 103 Saints Korean Catholic Center of Korean Language School, and their officers, employees and volunteers from any and all claims for personal injuries or property damage that he/she may suffer as a result of his/her participation in any activity during the period described above, whether or not such injuries or damages are caused by the negligence, active or passive, of any of the entities, individuals named or described above.

3) I agree that in the event my child being injured as a result of his, her participation during named activity, including transportation to and from this activity, whether or not caused by the negligence, active or passive of the parish, school, or archdiocesan youth activities program or any of its agents of employees, recourse for the payment of any resulting hospital, medical or dental insurance, or any available benefit plans of mine or my spouse. I am aware of any medical condition of my child which would render it appropriate for him, her to participate in any activity.

4) I, hereby authorize the making of photographs, motion pictures, video tapes, recording, or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I hereby waive any rights to compensation or any right that I otherwise might have to limit if to control such making or use.

5) I, hereby give permission to the physician, nurse, dentist, or licensed care staff selected by the supervisory personnel then present to render medical, dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist or licensed care staff.

6) I, the undersigned, fully agree to and understand the policy of Korean Language School, including mandatory participation in the Korean Language School safe environment children's training. And also, I understand that training material, parental opt-out forms if you want and brochure for Working Together to prevent child sexual abuse provided by Archdiocese are always available in Parish office.

Parent's(Guardian's) Signature(학부모 서명) : \_\_\_\_\_ Date : \_\_\_\_\_

# The 103 Saints Korean Catholic Center SRE Student Emergency Treatment Form

백삼위 한인성당 주일학교 응급상황 대처 동의서

1) Emergency Information ( 응급상황에 대한 정보 )

학부모님(보호자님)들에게,

부모로서, 학생으로서, 그리고 학교 교사로서 우리가 가지고 있는 가장 큰 책임 중의 하나는 응급상황에 대비하는 것 입니다. 학생이 갑자기 아프거나 다칠 수도 있고, 갑자기 큰 지진이 일어날 수도 있습니다. 응급상황 때 저희가 바로 연락을 드릴 수 있도록 아래의 사항에 정확히 답해 주시기 바랍니다. 여러분의 협조에 감사 드립니다.

Dear Parents or Guardians,

One of the most important responsibilities we have as parents, students, and school staff members is to be prepared in case of any emergency. A student may become ill, get injured during activities, or a major earthquake may strike unexpectedly. During an emergency, we may need to reach you or a designated adult during school hours. Since this information must be on file at the school, please complete the Emergency Information section below. Your cooperation is greatly appreciated. Thank you.

교장선생님에게, 응급상황발생 시 저희에게 연락을 취할 수 없을 경우, 하기 전화번호로 연락하시고, 필요 시 아래 분에게 학생을 양도 하실 수 있음을 동의합니다.

To the Principal, In case you are unable to reach me during an emergency, you are authorized to contact and, if necessary, release my child to the person indicated below.

아래 서명한 미성년자 (학생이름) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 의 법적 보호자는 면허를 가진 의사, 혹은 치과의사의 소견에 따라 엑스레이, 마취, 내과적, 외과적 진료 및 치료, 그리고 입원에 대한 결정을 상기 의탁된 학생의 교장선생님 혹은 담당자에게 위임함을 확인합니다. 본 허가증은 모든 적절한 진료, 치료, 혹은 입원함에 있어 피위임자가 특정하거나 포괄적인 진료, 치료, 혹은 입원에 대한 결정을 면허를 가진 의사 혹은 치과의사가 필요하다고 판단하면 행할 수 있음을 사전에 주지함을 확인합니다. 본 허가증은 California 민법 제 25.8항에 의거 준비되었으며, 서면 해지 통보가 피위임자에게 전달되지 않은 한 2년간 유효합니다. 본인은 백삼위 한인성당 혹은 주일학교 간부나 교사들의 상기 미성년자의 고통에 연관된 어떠한 책임도 없음을 확인함을 서명합니다. 또한, 본인은 본 허가에 관한 모든 응급수송, 입원, 엑스레이, 혹은 치료에 들어가는 모든 비용을 책임질 것을 서명합니다.

The Undersigned, legal custodial of the student named above, herby authorize the principal or designee, into whose care of aforementioned minor pupil has been entrusted, to consent to any X-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist. It is understood that this authorization is given in advance of any required diagnosis, treatment, and/or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, and/or hospital care which a licensed physician or dentist may deem necessary. This authorization is given provisions of Section 25.8of the California Civil Code, and shall remain effective for the full 2 school years unless revoked in writing and delivered to said to said agent(s). I understand that the 103 Saints Korean Catholic Center Sunday School/Church its officers and employees assume no liability of any nature in the relation to the transportation of the said minor. I further understand that all costs of paramedic transportation, hospitalization, X-ray or treatment provided in relation to this authorization shall be the undersigned.

2) Health Information ( 건강정보 ) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Is your child on medication ? 현재 약을 복용 중 입니까? Yes ( ) No ( )

If yes, name of medicine ? 복용중의 약의 이름은? \_\_\_\_\_

Allergic to any medicine? 알레르기 반응이 있는 약? \_\_\_\_\_

Allergic to any food? 알레르기 반응이 있는 음식? \_\_\_\_\_

Are physical activities limited? 체육활동에 한계가 있습니까? Yes ( ) No ( )

If yes, explain 설명하여 주십시오: \_\_\_\_\_

Please list any illness the child may suffer from. 학생이 가지고 있는 질병이나 건강에 불편한 점이 있으면 적어주십시오.

I have received and read the California Education Code Sections relating to parents rights and certain school activities

Parent's(Guardian's) Signature(학부모 서명) : \_\_\_\_\_ Date : \_\_\_\_\_