



Polska Szkoła im. Heleny Modrzejewskiej w Yorba Linda

3999 Rose Drive • Yorba Linda, CA 92886-1629 • tel. (949) 300-5930 • www.szkolapolska-oc.org

REGISTRATION FORM FOR THE 2019/2020 SCHOOL YEAR

Student's first and last name: _____

Home address: _____

Home phone: _____ Alternate/Cell phone: _____

E-mail address: _____

Knowledge of Polish language (circle): none beginner advance

Information about Student's medical insurance: _____

Name and telephone number of student's physician: _____

Payment:

Tuition of \$110 per month is due by the 10th of each month. Late payments will be charged a \$10 late fee. All returned checks will be charged a fee of \$25. Classes are scheduled once a week for duration of two hours.

Disclosure:

In the event of an unfortunate accident, I will not hold the Director, the Board of Directors, the teachers or members of the Parent Council responsible for the incident.

In the case of a medical emergency, I give my permission to the Director and/or teachers to make a decision concerning my health, safety, and well-being.

Signature _____ Date _____