

Forty Holy Martyrs Church

Registration Form for Arabic Lessons

Fathers Name: _____
(first) (last)

Mothers Name: _____
(first) (last)

Address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Home phone: (_____) _____ Cell phone:(_____) _____

Father's work: (_____) _____ Mother's work(_____) _____

Email: _____

Student Information:

<i>Student's Name:</i>	<i>Age:</i>	<i>Birthdate:</i>	<i>Grade:</i>

Indicate if your child(ren) has any special needs (specify allergies or other areas of concern):

Child's Name: _____

Semester Registration Fees:

Child(ren)	One (1) _____	\$ 75 _____
	Two (2) _____	\$ 140 _____
	Three (3) _____	\$ 200 _____

Total amount due: \$ _____ **Paid** Cash
 Check

Date : -----

Forty Holy Martyrs Church Liability Release Form

I, _____, the parent of
_____,

release from any liability, Forty Holy Martyrs Church, the priests, the teachers, and all volunteers. I understand that I will be responsible for any medical treatment that may be necessary for my child while on the church property.

I also authorize the church staff to administer any first aid and any medical treatment that may be necessary in case of an emergency until I can be contacted.

(Parent)

(Date)

(Phone number)