



Hellenic Heritage Language School of Edmonton and Region

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REGISTRATION FORM / ΑΙΤΗΣΗ ΕΓΓΡΑΦΗΣ School Year / Σχολικό Έτος 2011-2012

A. STUDENT DATA / ΣΤΟΙΧΕΙΑ ΜΑΘΗΤΗ Membership Card # _____

STUDENT SURNAME/ ΕΠΩΝΥΜΟ ΜΑΘΗΤΟΥ/ΤΡΙΑΣ: _____

STUDENT'S NAME/ΟΝΟΜΑ ΜΑΘΗΤΟΥ/ΤΡΙΑΣ: _____

DATE OF BIRTH/ ΗΜΕΡ. ΓΕΝΝΗΣΕΩΣ: _____

ADDRESS /ΔΙΕΥΘΥΝΣΗ ΚΑΤΟΙΚΙΑΣ: _____

CITY/ΠΟΛΗ: _____ POSTAL CODE/TAX. ΚΩΔΙΚΑΣ: _____

TEL #/ΤΗΛΕΦΩΝΟ: _____

E-MAIL ADDRESS: _____

GRADE / ΤΑΞΗ: _____

B. PARENT/GUARDIAN DATA/ ΣΤΟΙΧΕΙΑ ΓΟΝΕΩΝ/ΚΗΛΕΜΩΝΩΝ

FATHER'S NAME/ ΟΝΟΜΑ ΠΑΤΡΟΣ: _____

TEL # /ΤΗΛΕΦΩΝΟ: (H) _____ (W) _____

E-MAIL ADDRESS: _____

MOTHER'S NAME/ ΟΝΟΜΑ ΜΗΤΡΟΣ: _____

TEL # /ΤΗΛΕΦΩΝΟ: (H) _____ (W) _____

E-MAIL ADDRESS: _____

C. EMERGENCY CONTACT/ ΕΠΑΦΗ ΕΚΤΑΚΤΗΣ ΑΝΑΓΚΗΣ

NAME / ΟΝΟΜΑ: _____

TEL # /ΤΗΛΕΦΩΝΟ: (H) _____ (W) _____

RELATIONSHIP/ ΣΥΓΓΕΝΕΙΑ: _____

D. MEDICAL INFORMATION / ΙΑΤΡΙΚΑ ΣΤΟΙΧΕΙΑ

DOCTOR'S NAME / ΟΝΟΜΑ ΓΙΑΤΡΟΥ: _____

TEL # /ΤΗΛΕΦΩΝΟ: _____

ADDRESS /ΔΙΕΥΘΥΝΣΗ: _____

CITY/ΠΟΛΗ: _____ POSTAL CODE/TAX. ΚΩΔΙΚΑΣ: _____

TELEPHONE # /ΤΗΛΕΦΩΝΟ: _____

ALBERTA HEALTH CARE #: _____

ALLERGIES / ΑΛΛΕΡΓΙΕΣ:

1. _____
2. _____
3. _____
4. _____
5. _____

Specify any other medical conditions that the School should know about:

E. PARENT ACKNOWLEDGEMENT/ ΣΥΓΚΑΤΑΘΕΣΗ ΓΟΝΕΑ

PARENT/GUARDIAN SIGNATURE: _____

PRINT NAME: _____

DATE: _____

EMERGENCY CONSENT/ ΣΥΓΚΑΤΑΘΕΣΗ ΕΚΤΑΚΤΗΣ ΑΝΑΓΚΗΣ:

It is the policy of Hellenic Heritage Language School to notify a parent when a child is ill or needs medical attention. If we are unable to contact a parent and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.

Please sign below so that we can take appropriate action on behalf of your child.

I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD

WHEN ILL/INJURED, TO BE TAKEN TO THE NEAREST EMERGENCY CENTER BY THE STAFF OF HELLENIC HERITAGE LANGUAGE SCHOOL WHEN I/WE CANNOT BE CONTACTED. I CONSENT TO AN AMBULANCE BEING CALLED TO TRANSPORT THE CHILD, IF NECESSARY. I FURTHER AGREE TO PAY ALL COSTS INCURRED FOR TRANSPORT.

PARENT/GUARDIAN SIGNATURE: _____

PRINT NAME: _____

DATE: _____

PARENT/GUARDIAN SIGNATURE: _____

PRINT NAME: _____

DATE: _____

Waiver of Liability and Photo/Video Release

I give my permission to have my child or children herein named, to have their photograph used with the understanding that the pictures may be used for the Hellenic Heritage Language School publications and related publicity only (i.e. Website and bulletin boards). I understand that the child, the children herein named, or I shall not receive any compensation for such use of our photographs.

Please initial **ONE** of the two lines below:

- You may use my or my child's photograph for Hellenic Heritage language School publications and related publicity.

_____ (*Initial here*)

OR

- You may NOT use my or my child's photograph for Hellenic Heritage language School publications and related publicity.

_____ (*Initial here*)

STUDENT NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

PRINT NAME: _____

DATE: _____