



Holy Martyrs Ferrahian High School
Սրբոց Նահատակաց Ֆերահեան
Երկրորդական Վարժարան

Holy Martyrs Marie Cabayan Elementary School
Սրբոց Նահատակաց Սարի Գապայեան
Նախակրթարան

SUMMER SESSION
REGISTRATION APPLICATION FORM

June 27 – July 15, 2011

Student Name: _____ Grade Level in 2010 - 2011: _____

If not a Holy Martyrs student, school attended in 2010 - 2011: _____

Date of Birth (MM-DD-YY): _____ Gender: _____

Home Address: _____

Tel: _____ Tel: _____

- Middle School (grades 6-8): Registration for morning academic program only – Fee \$300
- Elementary School (grades K-5): Registration for morning academic program only – Fee \$300
- Elementary School (grades K-5): Registration for the afternoon leisure program only – Fee \$300
- Elementary School (grades K-5): Registration for the entire program (lunch included) – Fee \$ 600
- Elementary School (grades K-5): Afterschool care - 4:00-5:20 p.m.- \$75
- Incoming Kindergarten program Students registered for the academic program will receive \$100 discount

Checks must be made payable to Holy Martyrs School.

For credit card payment, call 818.784.6228, ext. 302.

For additional info, please refer to the school website at www.ferrahian.com Summer Program link.

MEDICAL/EMERGENCY INFORMATION

Name of Student:		Grade Level:
Last	First	Middle
Are there pertinent medical information that the school should be aware of about your child? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please explain:		
Medications, if any?		
Allergies, if any?		
Family physician name:		Phone No.
Family physician address:		
Name of Insurance Carrier:		
Group Number :		Policy Number:
<u>Medical Release Statement</u>		
In the event I cannot be reached, I grant my consent to have emergency medical treatment given to my child by a registered nurse or a licensed physician. During such emergencies, the school may inform the following individuals about the health condition of my child.		
Name/Relationship:		Phone No.
Name/Relationship:		Phone No.
<u>Emergency Release Statement</u>		
In case of major emergencies such as earthquakes, fire hazards, security threats, etc., if I cannot be reached, the school may release my child to the following individuals:		
Name/Relationship:		Phone No.
Name/Relationship:		Phone No.
<u>Safety Statement</u>		
I understand that for safety concerns, the Administration has the right to periodically inspect student cars, backpacks, school bags and lockers, and ask students to empty the pockets, take off shoes, and if necessary, temporarily confine the student.		
<u>Hold Harmless Statement</u>		
I agree to hold Holy Martyrs Armenian Elementary & Ferrahian Armenian School harmless of any liability resulting from injuries or loss of property caused by my child during any school activity or any school-sponsored function.		
Parent/Guardian Name 1:		Signature: Date:
Cell Phone No.	Home Phone No.	Bus. Phone No.
Parent/Guardian Name 2:		Signature: Date:
Cell Phone No.	Home Phone No.	Bus. Phone No.