



2019-2020 REGISTRATION FORM (POLSKA SZKOŁA KULTURY I JĘZYKA)

STUDENT 1 NAME: FIRST, LAST	BIRTHDATE MM/DD/YYYY	PLACE OF BIRTH
-----------------------------	----------------------	----------------

STUDENT 2 NAME: FIRST, LAST	BIRTHDATE MM/DD/YYYY	PLACE OF BIRTH
-----------------------------	----------------------	----------------

STUDENT 3 NAME: FIRST, LAST	BIRTHDATE MM/DD/YYYY	PLACE OF BIRTH
-----------------------------	----------------------	----------------

PARENTS NAME: LAST	PARENT 1: FIRST NAME	PARENT 2: FIRST NAME
--------------------	----------------------	----------------------

ADDRESS	CITY	STATE	ZIP CODE
---------	------	-------	----------

HOME PHONE	PARENT 1: CELL PHONE	PARENT 2: CELL PHONE
------------	----------------------	----------------------

PARENT 1: EMAIL	PARENT 2: EMAIL
-----------------	-----------------

MEDICAL, PHYSICAL, DIETARY, OR OTHER SPECIAL CONSIDERATIONS (EG. ALLERGIES)

MEDICAL, PHYSICAL, DIETARY, OR OTHER SPECIAL CONSIDERATIONS (EG. ALLERGIES)

MEDICAL, PHYSICAL, DIETARY, OR OTHER SPECIAL CONSIDERATIONS (EG. ALLERGIES)

2019-2020 RELIGIOUS EDUCATION REGISTRATION FORM (KATECHIZACJA)

STUDENT 1 NAME: FIRST	REGISTER FOR RELIGION CLASSES YES/NO
-----------------------	--------------------------------------

STUDENT 2 NAME: FIRST	REGISTER FOR RELIGION CLASSES YES/NO
-----------------------	--------------------------------------

STUDENT 3 NAME: FIRST	REGISTER FOR RELIGION CLASSES YES/NO
-----------------------	--------------------------------------

**ST. JOSEPH POLISH SCHOOL
C/O ST. JOSEPH CHURCH
108-43 SUTPHIN BLVD.
JAMAICA, NY 11435
WWW.STJPOLISHSCHOOL.ORG**