



Polska Szkoła im. Feliksa Konarskiego

1880 Ash Street, Des Plaines IL. 60018

www.konarskips.org

REGISTRATION FORM 2014/15

1 st Student's Last and First Name:	Date and Place of Birth: (mm/dd/yyyy)	Allergies
		YES NO
2 nd Student's Last and First Name:	Date and Place of Birth: (mm/dd/yyyy)	Allergies
		YES NO
3 rd Student's Last and First Name:	Date and Place of Birth: (mm/dd/yyyy)	Allergies
		YES NO
Address:		
Mother's Last and First Name :	Phone #::	e-mail:
Father's Last and First Name:	Phone #:	
Emergency Contact: Last and First name		Phone #:
Additional information about the children:		
I give permission for the publication of photos of my child / video on the school website		YES NO
I release F. Konarski School from any liabilities in case my child/children leave(s) school premises without the teachers consent during school hours.		YES NO
In the event of a medical emergency, I hereby give permission for my child to be taken to the emergency room		YES NO
Persons authorized to pick up the child from school(<i>Last & First Name & Phone Number</i>)		
F. Konarski School is not responsible for your child/children's safety on their way to/from school if they are walking/driving with your permission.		

Parent's signature: _____

Date: _____

1 child	\$440	(including refundable duty fee \$40)
2 children	\$540	(including refundable duty fee \$40)
3 children	\$640	(including refundable duty fee \$40)

Don't annotate below...

Date	Check #	Amount	Comments:
I rata			
II rata			

Please send this form and a check to the address:

Konarski Language School
1507 W. Willow Ln. Mount Prospect, IL.60056