



Holy Martyrs Ferrahian High School
 Սրբոց Նահատակաց Ֆերահեան
 Երկրորդական Վարժարան

Holy Martyrs Marie Cabayan Elementary School
 Սրբոց Նահատակաց Մարի Գապայեան
 Նախակրթարան

SUMMERSESSION
REGISTRATIONAPPLICATIONFORM
 June 13 - July 8

Student Name: _____ Grade Level in 2016-2017 _____

If not a Holy Martyrs student, school attended in 2015-2016: _____

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

Home Address: _____

Home Phone: _____ E-Mail Address: _____

Father's Name: _____ Cell Phone: _____

Mother's Name: _____ Cell Phone: _____

- Elementary School (grades K-5): Registration for morning academic program only – Fee \$400
- Elementary School (grades K-5): Registration for the afternoon leisure program only – Fee \$400
- Elementary School (grades K-5): Registration for the entire program (lunch included) – Fee \$ 800
- Elementary School (grades K-5): Afterschool Care – 4:00 – 5:20 p.m. - \$75
- Incoming Kindergarten program 50% Off (if registered for 2016-2017 school year)

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 in 2016-2017:
Last	First	Middle	
Are there pertinent medical information that the school should be aware of about your child? Yes			No
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 Marie Cabayan 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.	