

**Polish Saturday School**  
**School Year 2026/27**

10250 Clayton Rd. San Jose, CA 95127

CHILD'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE \_\_\_\_\_ SEX \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ FATHER'S NAME \_\_\_\_\_

EMERGENCY CONTACT (RELATIVE / FRIEND)

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

MEDICAL INFORMATION

INSURANCE COMPANY \_\_\_\_\_ POLICY# \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ DOCTOR'S NAME \_\_\_\_\_

LIST ANY MEDICAL CONDITIONS SCHOOL NEEDS TO BE AWARE OF \_\_\_\_\_

\_\_\_\_\_

IN CASE OF AN EMERGENCY, I AGREE THAT THE STAFF OF THE POLISH SATURDAY SCHOOL MAY TAKE MY CHILD TO THE NEAREST EMERGENCY HEALTH FACILITY FOR TREATMENT AS A PARENT OR GUARDIAN OF THE ABOVE MENTIONED CHILD, I WILL NOT HELD LIABLE THE TEACHERS, STAFF, OR ADMINISTRATORS OF POLISH SATURDAY SCHOOL FOR ACCIDENTS OR INJURIES THAT OCCUR BEFORE, DURING, OR AFTER SCHOOL HOURS.

PARENT NAME PRINTED \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I GIVE PERMISSION TO TAKE PHOTOGRAPHS AND/OR VIDEOS OF MY CHILD. I GRANT FULL RIGHTS TO USE SAID IMAGES AND/OR ANY REPRODUCTIONS OF THE IMAGES FOR PROMOTING POLISH SATURDAY SCHOOL YES \_\_\_\_\_ NO \_\_\_\_\_ PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_