



Slovak Academy of Chicago 8840 S. Ridgeland Ave., Oak Lawn, IL 60453
Application Form - Prihláška

School Year Školský rok	Interest of Education Záujem o výučbu	Applying for Grade prihlásenie do ročníka		
2018-2019	<input type="checkbox"/> Slovak Language Slovenský jazyk <input type="checkbox"/> Register to ZŠ, Slovakia Zápis do ZŠ, Slovensko	<input type="checkbox"/> Kindergarten (4-5 y) / Materská škôlka (4-5 r) <input type="checkbox"/> 1A Grade / 1A ročník <input type="checkbox"/> 1B Grade / 1B ročník <input type="checkbox"/> 2. Grade / 2. ročník	<input type="checkbox"/> 3. Grade / 3. ročník <input type="checkbox"/> 4. Grade / 4. ročník <input type="checkbox"/> 5. Grade / 5. ročník	<input type="checkbox"/> 6. Grade / 6. Grade <input type="checkbox"/> 7. Grade / 7. ročník <input type="checkbox"/> Slovak SL

Information about Child / Údaje o dieťati:

Gender / Pohlavie Female / Ženské Male / Mužské

Childs Name / Meno dieťaťa: _____
Last Name / Priezvisko First Name / Rodné Meno

Address / Adresa: _____
Number / Číslo Street / Ulica City / Mesto Zip code / PSČ

Phone / Telefón: _____ DoB / Dátum narodenia: _____

Name of School / Názov školy: _____ Grade / Trieda: _____
(Public, Private, Catholic) child is attending / ktorú dieťa navštevuje

Use of Language / Dieťa rozpráva jazykom: English / Anglicky Slovak / Slovensky Other / Iný _____

Mother's Name / Meno Matky: _____
Last Name / Priezvisko First Name / Rodné Meno

Phone / Telefón: _____ E-mail: _____

Father's Name / Meno Otca: _____
Last Name / Priezvisko First Name / Rodné Meno

Phone / Telefón: _____ E-mail: _____

Tell us about Your Child / Povedzte nám o Vašom dieťati: Brief Description / Stručný popis

(Interests / záujmy, habits / návyky, character / povahové vlastnosti)

Academy's Policy:

- 1. Cell Phone usage:** Children are NOT permitted to use cellular phones during school hours. Cell phones must be turned off and stored in the locker or pocket. When a child breaks the policy, the cell phone is confiscated and returned at the end of the school day to the child's parent.
- 2. Photo Permission Slip:** I grant permission to use photos of my child on Slovak Academy of Chicago website, Facebook and/or other social media, bulletin boards, and/or newsletters. Pictures would be selected to highlight activities during our class environment, or events. We will never reference our child by name or provide any specific information regarding your child. The pictures will be used by Slovak Academy of Chicago and its team.
- 3. Tuition and Registration Policy:** Slovak Academy of Chicago has a No Refund Policy. No refunds or credits are given for missed classes. In early cancellation, registration fee WILL NOT be refunded in full as these are used to cover the function of the academy for the whole school year. In early cancellation only 50% of the remaining balance from the tuition fee will be refunded.

Parent's / Guardian Signature / Podpis zákonného zástupcu

Date / Dátum

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Child's Health / Zdravotný stav dieťaťa:

Frequent Nosebleeds / Časté krvácanie z nosa Diabetes / Cukrovka Asthma / Astma Seizures / Záchvaty

Allergies of Various Types / Alergie rôzneho typu _____
Definition / Popis

Is Child using any Medication / Užíva dieťa pravidelne lieky? _____
Name of the Medication / Názov liekov

In case of Illness / V prípade ochorenia dieťaťa: 1. _____
Contact Person Kontaktná osoba Last Name / Priezvisko First Name / Rodné meno

Phone / Telefón: _____ Cell / Mobil: _____

2. _____
Last Name / Priezvisko First Name / Rodné meno

Phone / Telefón: _____ Cell / Mobil: _____

Other Health Problems / Difficulties / Chronic Illnesses we should be aware of?

Iné zdravotné problémy / ťažkosti / chronické ochorenia, o ktorých by sme mali vedieť?

Description / Popis

Medical Release:

I hereby authorize Slovak Academy of Chicago by and through its officers, agents, or employees to provide first aid treatment to my child in case of an accident. I additionally authorize Slovak Academy of Chicago in my absence, to call emergency city services (911), and have my child transported to the most appropriate medical facility, as well, as consent medical treatment of my child at said facility. A staff person from the academy will accompany my child should they be transported to the medical facility. Parents will be notified immediately. It is also understood that I will hold Slovak Academy of Chicago harmless for the nature, performance and outcome of any such emergency medical treatment and that the determination of whether an emergency has arisen within the terms of this agreement shall be left to the sole discretion of Slovak Academy of Chicago. I/we will be responsible for the emergency medical charges upon receipt of the statement.

Parent's / Guardian Signature / Podpis zákonného zástupcu

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2018-2019	<input type="checkbox"/> Religious Education Náboženstvo	<input type="checkbox"/> Preparation for 1. Holy Communion / Príprava na 1. sv. prijímanie <input type="checkbox"/> Children after 1. Holy Communion / Deti po 1. sv. prijímaní <input type="checkbox"/> Preparation for Confirmation / Youth after Confirmation Príprava na Birmovku / Mládež po Birmovke

Information for Religious Education only / Informácie potrebné k Výučbe náboženstva

Childs Name / Meno dieťaťa: _____
Last Name / Priezvisko *First Name / Rodné Meno*

Address / Adresa: _____
Number / Číslo *Street / Ulica* *City / Mesto* *Zip code / PSČ*

Phone / Telefón: _____ DoB / Dátum narodenia: _____

Your Child has taken the sacrament of / Vaše dieťa prijalo sviatosť:

Baptism / Krst: Dátum: _____ Farnosť: _____
 First Holy communion / Prvé sväté prijímanie: Dátum: _____ Farnosť: _____
 Confirmation / Birmovanie: Dátum: _____ Farnosť: _____

Has Your Child been registered in other program or other Catholic School? Yes / Áno
 Bolo Vaše dieťa prihlásené v inom programe alebo inej katolíckej škole? No / Nie

Name of the Parish / Uvedte názov farnosti: _____

Religion of Parents / Vierovyznanie Rodičov: _____
Father / otec *Mother / Matka*

Marital Status of the Parents / Manželský stav rodičov:

Sacramentally Married / Sviatosťne Zosobášení
 Civile Married / Civilne Zosobášení
 Divorced / Rozvedení
 Separated / Žijúci oddelene
 Father Deceased / Otec zosnulý
 Mother Deceased / Matka zosnulá

Pri inej nezvyčajnej situácii, prosíme o vysvetlenie:

Parent's / Guardian Signature / Podpis zákonného zástupcu

Date / Dátum