

Return to: St. Josaphat's Ukrainian Sadochok
 8735-132 Ave, Second Floor, South East Wing
 Edmonton, AB
 T5E 0X7
www.sadochok.com

Personal Information

Child's Name:		Date of Birth (mm/dd/yy)		Anticipated Start date for Sadochok	
Mother's Name:		Address (Street, City/Province, Postal Code):			
Email:		Home Number: ()	Office Number: ()	Cell Number: ()	
Father's Name:		Address (Street, City/Province, Postal Code): <i>If different from above</i>			
Email:		Home Number: ()	Office Number: ()	Cell Number: ()	
Which parent does the child reside with? Circle Mother Father Both		Preferred Correspondance: Circle Mother Father Either Other: _____			

Medical Information

Alberta Health Care Number:		Physician's Name:		Physician's Phone Number:	
Emergency Contact: <i>Other Than Parents</i>		Address (Street, City/Province, Postal Code):			
Relationship to Child:		Home Number: ()	Office Number: ()	Cell Number: ()	
Child's immunization up to date? Please Circle No Yes		Does Sadochok need to be aware of any medications taken by child? Yes No			
Does your child have any allergies or medical concerns? No Yes If "yes" please describe:		If "yes" please provide details:			

Office Use:											
Date Received: _____			Registration fee: _____			Received _____			Waived _____		
_____ Concert Cheque		_____ Fundraising Cheque		_____ Toy Wash Cheque		_____ Duty Day Cheque					
_____ Sept	_____ Oct	_____ Nov	_____ Dec	_____ Jan	_____ Feb	_____ Mar	_____ Apr	_____ May	_____ Jun		

Program Registration

Toddlers (may choose 1 - 3 classes per week)

- Tuesday & Thursday
 Wednesday & Friday
 Other (Please specify)

Sadochok

Bilingual

- 3 year olds: Tuesday and Thursday (am)
 4 year olds: Tuesday and Thursday (am)
 4 year olds: Tuesday and Thursday (pm)
 Monday enrichment (additional optional class)

Ukrainian

- 3 year olds: Wednesday and Friday (am)
 4 year olds: Wednesday and Friday (am)
 4 year olds: Wednesday and Friday (pm)

Kindergarten Enrichment (may choose 1-5 classes per week)

- Monday
 Tuesday
 Wednesday
 Thursday
 Friday

Scheduled Persons to Pick up Child

Name:	Relationship:	Phone Number: ()
Name:	Relationship:	Phone Number: ()
Name:	Relationship:	Phone Number: ()

Who is not Authorized to pick up Child (if applicable)

Name:	Relationship:	Phone Number: ()
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Language Information

Does your child understand Ukrainian? ____ Yes ____ A Little ____ None	Does your child speak Ukrainian? ____ Yes ____ A Little ____ None
Language spoken at home most often:	

Optional

How did you hear about St. Josaphat's Sadochok? ____ Sibling Attended ____ Word of Mouth ____ Church ____ Examiner ____ Ukrainian News ____ Radio ____ Roadside sign ____ TV ____ Website ____ Other:

Name of Parish:

Please let us know of any skills/expertise that you are willing to offer to Sadochok: ____ Sewing ____ Graphic/Art design ____ Photography ____ Videography ____ Handyman ____ Accountant ____ Legal ____ Play Piano ____ Electronics ____ Other:

Parent's Signature

Date