

ST. JOSAPHAT'S SADOCHOK REGISTRATION FORM



Return to:

St. Josaphat's Ukrainian Sadochok
 8735-132 Ave, Second Floor, South East Wing
 Edmonton, AB
 T5E 0X7
www.sadochok.com
 (780) 421-1769

Personal Information (required)

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

Medical Information (required)

Alberta Health Care Number:	Physician's Name:	Physician's Phone 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 give details:			

Emergency Contact: Other Than Parents	Address (Street, City/Province, Postal Code):			
Relationship to Child:	Home Number: ()	Daytime Number: ()	Cell Number: ()	

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:	

Do Not Complete This Section: Office Use Only

Date Received: _____ Registration fee: Received _____ Waived _____
 Volunteer commitment (3x\$50): _____ Fundraising (\$50): _____ Toddler Parent Duty(\$25): _____ Casino (\$300): _____
 Sept ____ Oct ____ Nov ____ Dec ____ Jan ____ Feb ____ Mar ____ Apr ____ May ____ June ____

Program Registration

Morning Toddler Program (19 months and up)

Monday
 Tuesday
 Wednesday
 Thursday
 Friday

Morning Sadochok Program (3 & 4 years old)

Monday
 Tuesday
 Wednesday
 Thursday
 Friday

Afternoon Sadochok Program (4 years old and 100 Voices/Kindergarten Enrichment)

Monday
 Tuesday
 Wednesday
 Thursday
 Friday

Lunch supervision (if registered to any Sadochok program – morning or afternoon) *additional fees apply

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:	Reason:
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Additional Informational (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 you attend:

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

Parent's Signature

Date