성 토마스 한인 천주교회 • St. Thomas Korean Catholic Center
412 N. Crescent Way, Anaheim CA 92801 • Tel: 714-772-3995 • Fax: 714-772-3636

Korean Language School 한글학교
FAMILY REGISTRATION FORM

Parent/Guardian Information 보호자 기록부

Parent/Guardian Full Name	Relation to Child	Cell Phone No.	Email

Street Address	City	Zip Code

Student Information 학생 기록부

(Child #1) $250

First Name	Last Name	M/F	Grade

Baptism Name | 세례명	Korean Name | 한국이름	Date of Birth (생년월일)

Allergies/Medical Problems/Special Dietary Requirements:
*If necessary, attach on a separate sheet

Is there anything else you would like us to know about your child?

(Child #2) 10% off = $225

First Name	Last Name	M/F	Grade

Baptism Name | 세례명	Korean Name | 한국이름	Date of Birth (생년월일)

Allergies/Medical Problems/Special Dietary Requirements:
*If necessary, attach on a separate sheet

Is there anything else you would like us to know about your child?

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(Child #3) 20% off = $200

First Name	Last Name	M/F	Grade

Baptism Name | 세례명	Korean Name | 한국이름	Date of Birth (생년월일)

Allergies/Medical Problems/Special Dietary Requirements:
*If necessary, attach on a separate sheet

Is there anything else you would like us to know about your child?

(Child #4) 30% off = $175

First Name	Last Name	M/F	Grade

Baptism Name | 세례명	Korean Name | 한국이름	Date of Birth (생년월일)

Allergies/Medical Problems/Special Dietary Requirements:
*If necessary, attach on a separate sheet

Is there anything else you would like us to know about your child?

Family Registration Fees

Class (Grades)	Day	Time	# of Children
Korean Language School | 한글학교 (K- 9th)	Sat	9:30 AM –12:30 PM	

There are no refunds after registration is submitted.

Total: _____

❖ *Make checks payable to St. Thomas KCC*, include child's name and grade on the check

REMINDER: Please complete the Emergency & Consent Form

For Office Use Only:

Name of Recorder	Registration Date	Total Collected	Cash	Check	Venmo	Square

Korean Language School 한글학교
EMERGENCY & CONSENT FORM
YEAR: 2025-2026

NAMES OF CHILD(REN) IN KLS	GRADE	D.O.B.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

ADULTS AUTHORIZED TO PICK UP CHILD(REN) FROM CHURCH PREMISES
Emergency & Non-Emergency

Parents/Guardians

Name _____ Phone No. _____

Name _____ Phone No. _____

Other adult you designate besides parent/guardian to pick up your children (optional)

Name _____ Phone No. _____

Relationship to child _____

List the name of an out-of-town relative to whom information could be given (in emergencies)

Name _____ Phone No. _____

Relationship _____

In the case of emergency all students will remain at church until released to a PARENT or OTHER AUTHORIZED PERSON.

CONSENT TO TREATMENT OF A MINOR

I, the Parent (Guardian) of _____ , hereby give my permission for his/her participation in
Name(s) of Child(ren)

activities sponsored by the Children Faith Formation (CFF), Youth Ministry, and/or Korean Language School (KLS) of St. Thomas Korean Catholic Center. I agree to direct my child to cooperate and conform to directions and instructions of parish, school or diocesan personnel responsible for these activities.

As a condition of my child being allowed to do so, I hereby release and discharge the Diocese of Orange, its constituent organizations including but not limited to The Roman Catholic Bishop of Orange, a Corporation Sole, St. Thomas Korean Catholic Center and their officers, agents, employees and volunteers from any and all claims for personal injuries or property damage that she/he may suffer as a result of his/her participation in the activity described above, whether or not such injuries or damage are caused by the negligence, active or passive, of any of the entities, individuals named or described above.

I agree that in the event my child is injured as a result of his/her participation in St. Thomas Korean Catholic Center (CFF/SOL/KLS), including transportation to and from these activities, whether or not caused by the negligence, active or passive of the parish, school, or diocesan youth activities program or any of its agents or employees, recourse for the payment of any resulting hospital, medical, dental treatment or related costs and expenses will first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of mine or my spouse. I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any activity.

I, hereby authorize the making of photographs, motion pictures, video tapes, recordings, or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I hereby waive any rights to compensation or any right that I otherwise might have to limit if to control such making or use.

I, hereby give permission to the physician, nurse, dentist or licensed care staff selected by the supervisory personnel then present to render medical, dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist or licensed care staff.

This authorization will remain in effect until ***May 23, 2026*** .

Parent's/Guardian's Signature: _____ **Date:** _____

FOR OFFICE USE ONLY:

Name of Adult child(ren) were released to: _____ Phone No. _____

Signature: _____ Date: _____ Time: _____

Released by: _____