



**LITUANISTINĖ MOKYKLA „SAULĖTAS KRANTAS”**  
**LITHUANIAN SATURDAY SCHOOL “SUNNY COAST”**

Registracijos anketa \_\_\_\_\_ / Registration sheet \_\_\_\_\_

<b>MOKINIO VARDAS</b> STUDENTS FIRST NAME	<b>PAVARDĖ</b> LAST NAME	<b>GIMIMO DATA</b> DATE OF BIRTH	<b>KALSĖ</b> GRADE

Gyvenamoji vieta / Home adress \_\_\_\_\_

Miestas/Valstija/kodas  
City/State/Zip \_\_\_\_\_

Informacija apie mamą/globėją / Information about mother/guardian

Vardas, pavardė / First name, last name	Telefono numeris / Phone	E. paštas / E-mail

Informacija apie tėvą/globėją / Information about father/guardian

Vardas, pavardė / First name, last name	Telefono numeris / Phone	E. paštas / E-mail

Kiti tel. / Other phones

Vardas, pavardė / First name, last name	Telefono numeris / Phone	E. paštas / E-mail

Ar leidžiate mokyklos administracijai patalpinti jūsų vaiko nuotraukas, vaizdajuostes, balsą įrašus spaudoje, mokyklos internetiniame puslapyje, facebook svetainėje?

Do you give permission for the school to use your child's photograph, video game, voice recording in newspaper, web sites, facebook, etc.?

- Taip sutinku** / Yes, I give permission       **Ne nesutinku** / No, I do not give permission



**LITHUANIAN SATURDAY SCHOOL "SUNNY COAST"  
STUDENTS MEDICAL INFORMATION**

STUDENTS FIRST NAME	LAST NAME	DATE OF BIRTH	GRADE

Has your child medical insurance?     Yes     No

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Physician Name & Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Other comments about child's health: \_\_\_\_\_

In Case of Emergency, contact:

First name, last name	Phone	Relationship

**MEDICAL EMERGENCY CARE AUTHORIZATION AND RELEASE**

In the event of urgent medical situation requiring urgent care for my child I, \_\_\_\_\_  
hereby authorize: Parent's/guardian's first, last name

- Lithuanian Saturday School "Saulėtas Krantas" (Boynton Beach, Florida) employees, volunteers, and associates contact emergency care professionals, including paramedics;
- Emergency care professionals and staff to provide treatment determined to be necessary for the wellbeing of my child and will assume all financial responsibility.

I, \_\_\_\_\_, hereby release and forever discharge Lithuanian Saturday School  
Parent's/guardian's first, last name

"Saulėtas Krantas", it's employees, volunteers, and associates from any claim whatsoever which arises or may hereafter arise on account of any first aid treatment or servise rendered in the course of a medical emergency or other medical situation.

_____ Parent's/Guardian's first, last name	_____ Signature	_____ Date
_____	_____	_____