

Los Angeles Šv. Kazimiero Lituanistinė Šeštadieninė Mokykla

ATSAKINGI TĖVAI/SUAUG. _____

ADRESAS: _____

NAMŲ TELEFONAS: _____

E-PAŠTO ADRESAS: _____

EMERGENCY TELEFONAS: _____

Mokinio Vardas	Gimimo Data	Skyrius	Mokslapinigai
Šeimos Registracija			\$50.00
Budėjimo mokestis (jei ne budėsit)			\$50.00
		TOTAL	
		Cash	
		Date & Check	

Sumokėta:

Tėvai sutinka padėti Šeštadieninės Mokyklos Tėvų Talkai šioje srityje:
(Tik galima prisirašyt registracijos metu mokykloj)

Komitetas

Budėjimo data

Los Angeles Šv.Kazimiero Lituanistinė Mokykla turi leidimą naudoti mano ir
mano sūnaus/dukros nuotrauką mokyklos tinklapyje Taip/Ne.

Tėvų parašas

Data

2011-2012 m. Registracija ir Mokslapinigai

Kiskis

\$205.00

+\$50.00

\$255.00

+\$50.00 (budejimo mokestis)

\$305.00

Du Vaikai

\$275.00

\$235.00

\$50.00

\$560.00

+\$50.00 (budejimo mokestis)

\$610.00

Vienas Vaikas

\$275.00

+\$50.00

\$325.00

+\$50.00 (budejimo mokestis)

\$375.00

Trys Vaikai

\$275.00

\$470.00

\$50.00

\$795.00

+\$50.00 (budejimo mokestis)

\$845.00

Vienas Vaikas + Kiskis

\$275.00

\$205.00

\$50.00

\$530.00

+\$50.00 (budejimo mokestis)

\$580.00

Seminaras

\$235.00

+\$50.00

\$285.00

+\$50.00 (budejimo mokestis)

\$335.00

Continuing Consent To Treatment

We the undersigned, parents of _____, minor(s), do hereby consent to any x-ray examination, anesthetic, medical, surgical diagnosis, treatment, and hospital services that may be rendered to said minor(s) under the general or special instructions of _____, MD, whether such diagnosis or treatment is rendered at the office or at a licensed hospital. We further authorize said physician to exercise his/her discretion in authorizing the disposal of any severed tissue or member.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage the faculty and/or other parent of children at St. Casimir's Lithuanian Saturday School and said physician to exercise his/her best judgment as to the requirements of such diagnosis or treatment.

This consent shall remain effective until revoked in writing delivery to said physician or said person entrusted with the custody of said minor(s), or until _____.

Name _____	Physician's Name _____
Address _____	Physician's Address _____
Work Telephone _____	Physician's Telephone _____
Mobile Phone/Pager (circle one) _____	Hospital Preference _____
Legal Guardian _____	Insurance Name/Policy Number _____
Legal Guardian's Telephone _____	Insured Persons Social Security Number _____
Parent(s) Signature(s) _____	

In the event of an emergency, identify the person(s) who are authorized to assume the responsibility for the care of the minor(s) if parent(s) or guardian are not available:

1. _____ Name	2. _____ Name
_____	_____
Telephone	Telephone

Student Dismissal Information

Requesting Adult: _____ Taken to: _____

Time of Day: _____ Teacher/Staff Member: _____

**VIRTUS “Teaching Touching Safety”
Children’s Program
Archdiocese of Los Angeles
“Permission Form”**

TO: Parents of St. Casimir Lithuanian Saturday School
FROM: Maryte Newsom
SUBJECT: Opportunity to allow your child to participate in the *Touching Safety* program

St. Casimir’s Lithuanian Saturday School

will present a sexual abuse prevention program, the *Touching Safety* program, to our students on October 15th and 22nd, 2011. The creators of the *Protecting God’s Children*TM program developed the *Touching Safety* program. This program is provided to us by the Los Angeles Archdiocese, and is a part of our ongoing effort to help create and maintain a safe environment for children and to protect all children from sexual abuse.

As a parent, you have the right to choose whether your student participates. The lesson plans are age/grade appropriate and you can preview the movie that will be shown as follows:

Grades K -2—“What Tadoo”
Grades 3-5—“Time to Tell”

The above listed movies can be previewed at www.empowerkids.com

Grades 6-8—“Internet Safety”

Grads 9-12—“Acquaintance Rape”

The above movie is presented by the Boy Scouts of America—Learning for Life
(an online preview is not available at this time)

If you have any questions, please feel free to contact Maryte Newsom.

If you determine that you DO, in fact, want your child to participate, please complete the form at the bottom of this page, and return it to the school office during Registration , Sept.10,2011 but no later than September 24,2011. If you do not want your child to participate, please contact me for an “opt-out” form. During this discussion, your child will be moved to another classroom.

For more information visit the VIRTUS *Online*TM website at www.virtus.org.

Permission form for use with the *Touching Safety* program:

I am allowing my child to participate in the Protecting God’s Children “Touching Safety Program” and am specifically requesting that School present the program to my child(ren) whose name(s) is(are):

_____.

Parent’s name (printed): _____

Parent’s Signature: _____

Date: _____

Please contact Maryte Newsom for an “Opt-Out” Form if you do not wish to participate.