



Церковно-Приходская Школа Св. Александра Невского
St. Alexander Nevsky Parish School

Registration Form for Returning Students

2021-2022

Student's Baptismal Name (In English):

_____, _____
Last First

Primary Address: _____, _____, _____, _____
Street City State Zip

Age (as of Sept. 1, 2021): _____ Date of Birth: ____ / ____ / _____

Father's E-mail: _____

Mother's E-mail: _____

Father's Cell Phone: _____ Mother's Cell Phone: _____

Registration Fee <i>One-time fee, not applied towards cost of tuition</i> \$100 per student	
Yearly Tuition \$700 per year for 1 student \$900 per year for 2 or more students	Monthly Tuition \$100 per month for 1 student \$130 per month for 2 or more students

Student's First Confession:

If your child is 7-years-old or older, where did they receive their first confession, and what is the name of their confessor.

Name of the church: _____

Name of the priest: _____

Request a meeting with a priest to plan the student's first confession.

Which Orthodox parish does your family attend?

Name of the church: _____

Name of the priest: _____



COVID-19 ASSUMPTION OF RISK, LIABILITY WAIVER AND RELEASE OF CLAIMS

LIABILITY WAIVER AND RELEASE OF CLAIMS: I, _____, parent or guardian of _____, a student at the Saint Alexander Nevsky Parish School, do hereby, knowingly and intentionally, forever release, waive and forever discharge any and all liability, claims, and demands of whatever kind or nature against the Saint Alexander Nevsky Parish School and/or the Saint Alexander Nevsky Cathedral, including, without limitation, their directors, officers, administrators, representatives, employees, members, volunteers, and/or agents, (The “Released Parties”) either in law or equity, to the fullest extent permissible by law, from any and all damages, injuries, losses, liability, claims, causes of action, including but not limited to personal injury, bodily injury, illness, sickness, death, economic loss, and/or out of pocket expenses, which I or my child and/or ward, my heirs or assigns, next of kin and/or legally appointed representatives, may have or which may hereinafter accrue on my or my child/ward’s behalf, which arise or may arise hereafter from my child’s participation and attendance at the Saint Alexander Nevsky Parish School and/or attendance at any of its activities and/or functions, now or in the future, in any way related to COVID-19 and/or complications therefrom.

ASSUMPTION OF RISK: I, _____, parent or guardian of _____, a student at the Saint Alexander Nevsky Parish School, acknowledge and understand the following:

1. Despite any precautions and/or safeguards to be taken by the school and its administrators, my child/ward’s attendance at the Saint Alexander Nevsky Parish School includes possible exposure to and illness from infectious disease, such as COVID-19;
2. I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, risk of injury, harm and/or loss associated with my child/ward’s attendance at the Saint Alexander Nevsky Parish School, even if arising from the negligence, fault or conduct of any kind on the part of the Released Parties;
3. I understand that while the administrators and representatives of the Saint Alexander Nevsky Parish School may attempt to reduce the risk to my child and my family, they cannot guarantee that my child and/or other family members will not become exposed to or infected by COVID-19;
4. I am fully aware of the inherent risks and those heretofore mentioned, and hereby voluntarily agree to accept and assume such risks.

PERSONAL RESPONSIBILITY: I, _____, parent or guardian of _____, a student at the Saint Alexander Nevsky Parish School, understand and agree to the following:

1. In the event that my child is experiencing any symptoms of illness, such as fever, cough, shortness of breath, chills, muscle pain, sore throat, or loss of taste or smell, I shall not bring my child to school;
2. In the event that my child willingly jeopardizes the health and well-being of a fellow student, faculty member, and/or parent volunteer, he/she will be removed and suspended from school for the remainder of the school year.

I have read the foregoing and hereby freely agree to the within COVID-19 Assumption of Risk, Liability Waiver and Release of Claims. I have reviewed the terms within the document and sign my name freely and voluntarily. I have been afforded the opportunity to ask any questions I may have had, prior to signing the document.

Parent/Guardian (signature)

Date

Parent/Guardian (print name)

Witness (signature)

Date

Witness (print name)