Polish Language Class Registration

Austin Polish Society

Sept 11, 2010 – May 28, 2011 (total classes: 32)

NAMES OF PARENTS/GUARDIANS:	
ADDRESS:	
PHONE:	
E-MAIL:	

STUDENT NAME	LEVEL 1=beginner 5=advanced	AGE	DATE OF BIRTH
	1 2 3 4 5		
	1 2 3 4 5		
	1 2 3 4 5		
	1 2 3 4 5		

CONSENT AND WAIVER:

I assume full responsibility for my children's actions, during his/her time in school. I hereby waive any claim for liability against AUSTIN POLISH SOCIETY, MAGDA BOUDNI, or the FIRST UNITARITAN UNIVERSALIST CHURCH OF AUSTIN, at which the classes will be held. If this consent form is signed by one of two parents, or guardian, it is with the authority of the other.

_____ _____

Signature of Parent(s) or Guardian(s) *Date*

Do not write in this space

Amount Paid: $_____ Cash Check # _____ _____ _____

Signature of Registrar *Date*

Class Schedule							
Sept 11	Oct 9	Nov 6	Dec 11	Feb 5	Mar 5	Apr 2	May 7
Sept 18	Oct 16	Nov 13	Jan 15	Feb 12	Mar 12	Apr 9	May 14
Sept 25	Oct 23	Nov 20	Jan 22	Feb 19	Mar 19	Apr 16	May 21
Oct 2	Oct 30	Dec 4	Jan 29	Feb 26	Mar 26	Apr 30	May 28

Contact Info		
Magdalena Szatanik-Boudni, Teacher	(512) 586-1104	magdaszatanik@gmail.com
Polish Language Class Committee	(512) 576-9654	gmurowski@hotmail.com

Cost: $200/child. Make checks payable to AUSTIN POLISH SOCIETY. Return this signed form with payment to address below: