

Bulgarian Cultural Center - Detroit Bulgarian School - Registration Form

First, Middle and Last Name (in Bulgarian):

First, Middle and Last Name (in English):

Date of Birth:

/month, day, year/

Birth Place: /city, country/

Address (in English):

Mother:

Address: (if different from above)

Phone Number:

E-mail:

Education:

Workplace and Position:

Father:

Address: (if different from above)

Phone Number:

E-mail:

Education:

Workplace and Position:

Doctor:

/name and phone number/

Allergies/Health Problems

Person (different than parents) who can take your child from school:

/name and phone number/

PHOTO RELEASE FORM

I agree to the use of my child's image, video, voice, work, and/or first name to be used to promote or represent the Bulgarian School in news and social media.

In addition, I agree to release and hold harmless the Bulgarian School and Bulgarian Cultural Center officers, contractors, volunteers, and employees from and against all claims, demands, actions, complaints, suits, or other forms of liability that shall arise out of or by reason of or be caused by the use of my child's picture, voice, video and/or first name on the Internet.

Student's Name: _____

Parent's First and Last Name (print): _____

Parent's Signature: _____

Date: _____