



Please fill in all requested information. Mark your answer with an "X" where applicable. Thanks!

PERSONAL INFO

Student's name: _____ Gender (M/F): _____

Date of Birth (YYYY-MM-DD): _____

Swedish Personnr/samordningsnr: _____

Grade at American school (2022/23): _____

Street address: _____ City: _____

State: _____ Zip code: _____

Phone: _____

Email (for primary communications): _____

Mother's name: _____ Father's name: _____

Mother's cell phone: _____ Father's cell phone: _____

Swedish citizenship: Mother _____

Father _____

Child _____

In case of an emergency, please call:

Emergency contact 1) _____ Phone: _____

Emergency contact 2) _____ Phone: _____

As part of our documentation and marketing the Swedish School of New York use our website and social media.

Do you approve of your child appearing in these photos? Yes _____

No _____

SWEDISH LANGUAGE LEVEL

My child: Speaks Swedish _____ Reads Swedish _____

Understands Swedish _____ Writes Swedish _____

Is Swedish spoken on a DAILY basis at home?

Yes _____ If yes: By mother _____

No _____ By Father _____

By both parents _____

If no: What type of exposure does your child get to Swedish?

Please comments on your child's knowledge of the Swedish language:

The Swedish School of New York is a parent cooperative school. Please indicate how you can contribute.

I'd like to participate in the following committees:

School activities: _____ Fundraising: _____

Treasury: _____ Marketing: _____

Substitute teacher: _____ ...for age group: _____

Other interests or skills that I would like to share with the school:

TUITION

\$225 fall semester
\$265 spring semester
\$450 school year if paid in full at the beginning of the school year.
A discount of \$25 is given to siblings of a full paying student.

Due dates:

Payment for fall semester: September 1
Payment for spring semester: December 20

**For returning students only* : Please note that there is a surcharge of \$25/child for payments not received by the due date. For payments not received by October 1st and January 10th respectively, there is an additional charge of \$50/child. We aim to include all families regardless of financial situation. Please contact Cecilia Lindau for financial assistance consideration. Phone: 917 597 3057 or email: reg.svenskaskolannewyork@gmail.com

You can pay us via Venmo @Svenska-Skolan or bring a check payable to "Swedish Cultural Center of Hudson Valley" (our legal organisation name).

I hereby enroll my child in the Swedish School for:

Fall 2022: _____

Spring 2023: _____

School year 2022/2023: _____

SIGNATURE

Parent/Legal guardian signature: _____

Printed name: _____

Date: _____



Please fill in all requested information. Mark your answer with an "X" where applicable. Thanks!

MEDICAL INFO *If any of this information should change during the school year, please notify your child's/children's teacher(s).*

Student's name: _____

Date of Birth (YYYY-MM-DD): _____

Swedish Personnr/samordningsnr: _____

Street address: _____ City: _____

State: _____ Zip code: _____

Phone: _____

Mother's name: _____ Father's name: _____

Mother's cell phone: _____ Father's cell phone: _____

HEALTH PROVIDER

Doctor's name: _____

City: _____

State: _____ Zip code: _____

Phone: _____

HEALTH HISTORY

Allergies: _____

Other conditions: Heart condition: _____ Frequent colds: _____ Frequent stomach upsets: _____

Chronic asthma: _____ Diabetes: _____ Hay fever: _____

Physical handicap: _____ Epilepsy: _____ Other: _____

If you checked any of the above please give details (i.e. include normal treatment of allergic reactions)

Please note that your own health insurance carrier will be billed for medical charges in the case of illness or injury while your child/children is at school or at school related activity.

HEALTH INSURANCE

Health insurance: _____ Name of insurance holder: _____

Policy#: _____ Address of insurance holder: _____

At the event that I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the school to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

SIGNATURE

Parent/Legal guardian signature: _____

Printed name: _____ Date: _____



Please fill in all requested information.

LIABILITY WAIVER

Student's name: _____

Every activity that is sponsored by The Swedish Cultural Center of Hudson Valley ("The Swedish School of New York") is carefully planned and adequately supervised by mature adults. Even so, unforeseen events or accidents may occur. By signing this form, the below indicated parent, guardian or legal representative of the child(ren) named herein signifies that he or she fully understands the school activity participated in, and accepts all risks hazards inherent in such school activity.

Further, the below indicated parent, guardian or legal representative of the child(ren) named herein agrees to hold harmless The Swedish School of New York, its employees, board members or volunteers from any and all liability for damages, losses or injuries to the person or property of any child(ren) named herein caused as acts or omissions amounting to simple negligence and to refrain from instituting any cause of action against any volunteer or person employed by The Swedish School of New York, to recover losses, whether medical or otherwise arising from acts or omissions amounting to simple negligence in any court in the State of New York.

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. It may also be spread by contact with contaminated surfaces or by exposure to particles in the air. I acknowledge that The Swedish School of New York has put in place numerous preventative measures to reduce the spread of COVID-19 and follows regulatory guidelines; however, The Swedish School of New York cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, visiting The Swedish School of New York or participating in the school's activities or events could increase your risk and your child(ren)'s risk of contracting COVID-19.

I acknowledge that I have read and understood this warning and assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by visiting The Swedish School of New York or participating in the school's activities or events and that such exposure or infection may result in illness, permanent disability, or death.

SIGNATURE

Parent/Legal guardian signature: _____

Printed name: _____

Date: _____