

NEW _____ or RETURNING _____
--



2014-2015 GSSOP Family Resgistration and Contract

Please be aware that students of the GSSOP must be 6 years of age by Dec. 31, 2014.

1. FAMILY INFORMATION:

Family name (surname): _____

Parent/Guardian(s) 1: _____ 2: _____

Street address: _____

City, State, Zip: _____

e-mail address: _____ *(please provide ONE primary e-mail address)*

Telephone *during the week* _____ *during class* _____

2. STUDENT INFORMATION:

<u>Student name (include nickname if applicable)</u>	<u>date of birth</u>	<u>age</u>	<u>grade</u>
_____	_____	_____	_____
<i>last, first</i>			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. EMERGENCY & MEDICAL INFORMATION: *(pupil specific--attach additional sheet(s) if necessary)*

Any Allergies (including drugs, food, stings, etc.): _____

Special Medical Conditions or Required Medications:

Adults authorized to pick up our child(ren) - In case of emergency, and if we, the parent(s) cannot be reached, we authorize the following person(s) to pick up our child(ren):

_____ parent initials

4. PUPIL BACKGROUND: (NOTE: PLEASE complete a separate sheet for EACH PUPIL)

PUPIL'S NAME: _____

Does anyone in the family or circle of friends speak German? If yes, how fluently?

Can anyone close to you help with language questions during the week? (If not, no problem!)

What can you tell us about the pupil's learning style? What learning tools/methods have been effective/useful in the past (e.g., music, memorization, visual learning, etc.).

What are your hopes for your/your child's language learning this year?

Why is German important for you/your child?

Check all that apply to the pupil:

<u>The pupil</u>	<u>yes</u>	<u>explanation/details</u>
has no previous German exposure	_____	_____
hears German regularly spoken by family or friends	_____	_____
has visited a German-speaking country	_____	_____
has lived in a German-speaking country	_____	_____
has attended a German language school	_____	_____
reads German books (with help as needed)	_____	_____
watches German videos, TV, etc.	_____	_____
listens to or sings German music or songs	_____	_____
knows another language besides German & English	_____	_____
other pertinent information	_____	_____

5. CONTACT INFORMATION:

To facilitate car pools, contact between classmates about homework, and social interaction among GSSOP families, GSSOP may make share contact information - distribution is limited to GSSOP families and staff for internal GSSOP use only. If your family DOES NOT wish to have contact information shared in this way, please indicate by checking DO NOT to the following statement (this will not affect contact directly from GSSOP staff):

___ DO or ___ DO NOT share our family contact information _____
(parent) signature

6. RIGHT TO USE IMAGES:

I understand the GSSOP may produce or participate in video, motion picture, audio recording, web pages, still photographs, broadcast, social media, and/or other publication which may involve the use of pupil likenesses or voices. Such productions will be used for non-commercial education, exhibition, or promotion and will not be sold for any reason. Such productions may be copied, copyrighted, edited, and/or distributed by the GSSOP in the manner described above.

By checking YES and signing below, I grant the GSSOP the right to use and re-use, in any manner, the video, motion picture, audio recording, web page, still photographs, broadcast, social media, and/or other publication described above containing the pupil's image or voice named herein on page 1. I waive the right of prior approval and hereby release GSSOP, its agents, or its designees from any and all claims for damages or remuneration of any kind based on the use of said materials.

I have read the foregoing and fully and completely understand the contents thereof and accept or reject these terms and conditions as indicated below:

___ YES or ___ NO _____
(parent) signature

7. LIABILITY WAIVER:

GSSOP is part of the German American Society, a non-profit public benefit organization. As a condition of enrollment, parents/guardians agree to the following:

I understand and agree, as a condition of my child(ren)/myself being accepted at GSSOP, that I shall not hold liable the GSSOP or the German American Society, their employees, directors, officers, volunteers or agents for any injury which may occur in connection with any activity of the GSSOP before, during, or after hours or involving any event, gathering, or occasion that I and/or my child(ren) attend as a result of connection with the GSSOP:

(parent) signature

8. TUITION:

2014-2015 Tuition Rates
when paid in full by date indicated - FULL payment date determines tuition rate

<i>my child (any age)</i>	<i>tuition rate (pro rata pricing not available)</i>
1 st pupil per family	\$345.00 (by July 15); \$415 (by Aug. 15th); \$465 (by Sept. 15th)
2 nd pupil per family	\$45.00 less than 1 st pupil per family
3 rd + pupil per family	\$95.00 less than 1 st pupil per family
parent volunteer work	strongly encouraged - no discount

Terms:

Full tuition payment by dates above determines tuition rate (e.g. \$345 if paid in full by 7/1/13).
 Minimum \$100 deposit per student required with this registration form.
 Payment by cash or check.
 Refunds given only within the first month of enrollment, only at the discretion of the Education Committee, and only on a pro-rated basis (minus an administrative fee of \$35).

Tuition Worksheet:
 (alphabetical by first name)

Pupil 1:	_____	\$_____
Pupil 2:	_____	\$_____
Pupil 3:	_____	\$_____
Pupil 4:	_____	\$_____
TOTAL \$		_____

9. ENROLLMENT:

I have read and fully understood this GSSOP REGISTRATION AND FAMILY CONTRACT, including the Liability Waiver, and am aware that by signing I have agreed to assume full legal liability for all risks involved in participation in the GSSOP program and, further, that I have waived certain legal rights.

I agree to pay total tuition of \$_____ for my ___ self/child(ren). I understand that the GSSOP reserves the right to refuse admittance to any pupil, and to suspend any pupil at any time if the pupil's behavior justifies such action. I agree to abide by the rules and regulations of the GSSOP, and that I/my child(ren) will do the same.

Parent/Guardian/Self: _____
print name

signature _____ *date*

Please return this completed REGISTRATION & FAMILY CONTRACT form with payment payable to the German American Society:

**German American Society
 5626 NE Alameda St
 Portland OR 97213**

**tel: (503) 775-1585
 GSSOP@germanamerican.org**

for GSSOP use: _____ \$_____ \$_____ _____
 date rec'd total tuition amt rec'd # of students rec'd by

* * *

The GSSOP admits pupils of any race, color, creed, national and ethnic origin, and sexual orientation to all the rights, privileges, program, and activities generally accorded or made available to participants at the GSSOP.