

OFFICE USE ONLY

NEW STUDENT _____ #of Students _____ Date Rec'd _____

RETURNING STUDENT _____ Amount Rec'd _____ Balance Due _____



2016-2017 GSSOP Family Registration and Contract
Students of the GSSOP must be 5 years of age by September 1, 2016 to enroll.

1. FAMILY INFORMATION: (Please Print Clearly)

Family name (surname): _____

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

Street address: _____

City, State, Zip: _____

E-mail address(es): _____

Telephone Number: during the week _____ during class _____

2. STUDENT INFORMATION: (Please Print Clearly)

Last Name, First Name of Student(s)	date of birth	age	grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. EMERGENCY & MEDICAL INFORMATION: (For student specific information please attach additional sheet(s) as necessary)

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

Special Medical Conditions or Required Medications:

Adults authorized to pick up your 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): *(Please Print Clearly)*

Full Name	Relationship to student(s)	Phone Number	Parent Initials
_____	_____	_____	_____

4. NEW STUDENT INFORMATION (Fill out a separate form for each New Student)

STUDENT'S NAME: _____ (Please Print)

Please describe any exposure that you or the student have had to German:

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

What are the hopes for you or your student's language learning this year?

Other information a teacher might find helpful in teaching you or your student:

5. CONTACT INFORMATION:

To facilitate car pools, contact between classmates about homework, and social interaction among GSSOP families, GSSOP may 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/Self) 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 Student 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 Student'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/Self) 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/Self) Signature

8. TUITION:

For ADULTS - \$600 / School year *Textbooks not included. Additional fees apply.*

For Children (age 5-18)	Tuition Rate (mid-year-\$400 1/1, \$300 3/1) Textbooks included
1st Student per family	\$400.00 if registered by May 15th (\$100.00 paid at registration and paid in full by July 1st); \$480.00 (by Aug. 1st); \$525 (by Sept 15th)
2nd Student per family	\$45.00 less than 1st Student per family
3rd+ Student per family	\$95.00 less than 1st Student per family
Parent Volunteer Work	One Saturday or Event per year per Family

(Additional fee of \$50 due at registration and is fully refundable once volunteer hours have been completed).

9. VOLUNTEER WORK:

Parents are required to volunteer for one Saturday Session or Event per year per Student enrolled.

A refundable fee will be charged at registration and is refundable once the volunteer hours have been completed and verified by the Language Director.

10. PARTICIPATION POLICY:

Our program encourages parents to help their child engage in classes. Students are expected to fully participate in each class or activity. Parents will be asked to remain in the building for those students who are not fully engaging in class appropriately (Students age 5-17). Students may be asked to temporarily leave class and sit with their parent, if inappropriate conduct is disrupting the learning process for other students as deemed necessary by the teacher and/or Language Director.

TERMS:

Full tuition payment by dates above determines tuition rate (*e.g. \$400.00 if paid in full by 7/1/16*).

Minimum \$100 deposit per student required with this registration form. Payment by cash or check only.

Make checks payable to the German American Society. 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: List Alphabetically by First Name: (Please Print Clearly)

Student 1: _____ \$ _____

Student 2: _____ \$ _____

Student 3: _____ \$ _____

TOTAL \$ _____

11. 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 myself and/or child(ren). I understand that the GSSOP reserves the right to refuse admittance to any Student, and to suspend any Student at any time if the Student'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 (*Please Print Name*): _____ Date: _____

Parent/Guardian/Self (*Signature*): _____

The GSSOP admits Students 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.