



STUDENT ENROLLMENT PACKET Sept. 8, 2018 – June 1, 2019

Instructions: Please print at home one packet per family (2 sided) to save paper and bring completely filled out to the first class on Sep 8th 2018 or Sep 15th 2018 if coming every other week! PAY ONLINE by 9/30/18 at www.czechschoollosangeles.com

- Student enrollment information p. 1-3
- Consent and release p.4
- Waiver of liability p.5
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STUDENT ENROLLMENT

1. Student's Full Name _____

Date of Birth (mm/dd/yy) _____ Gender _____

Student's Age as of Sept 1st _____ Is this student a returning student? _____

Student's level of Czech language (circle one):

1. Speaks fluently and understands everything age appropriate
2. Understands everything age appropriate, does not speak
3. Understands some, does not speak
4. Understands very little to none, does not speak

2. Student's Full Name _____

Date of Birth (mm/dd/yy) _____ Gender _____

Student's Age as of Sept 1st _____ Is this student a returning student? _____

Student's level of Czech language (circle one):

1. Speaks fluently and understands everything age appropriate
2. Understands everything age appropriate, does not speak
3. Understands some, does not speak
4. Understands very little to none, does not speak

3. Student's Full Name _____

Date of Birth (mm/dd/yy) _____ Gender _____

Student's Age as of Sept 1st _____

Student's level of Czech language (circle one):

1. Speaks fluently and understands everything age appropriate
2. Understands everything age appropriate, does not speak
3. Understands some, does not speak
4. Understands very little to none, does not speak

Student/Students will be attending (circle one):

1. Weekly
2. Every other week/twice a month/bi-monthly

Mother's Full Name _____

Father's Full Name _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone # _____ Cell Phone 1 # _____ Cell Phone 2 # _____

E-mail 1: _____ E-mail 2: _____

CSLA Un-enrolled Siblings (Please list names, DOB)

My child/children may be released to the person(s) signing this agreement and/or to the following:

Name Address Relationship

Persons to contact in case of emergency, when parents cannot be reached:

Name Home Phone # Cell Phone # Relationship

_____ () _____ ()

_____ () _____ ()

_____ () _____ ()

Medical information Child 1:

Child's Physician or Clinic's Name / Telephone# / Insurance Policy/Group#

_____ ()

Does your child suffer from any allergies (food, beverages, medication, insect bites/stings)? _____

List any illnesses, injuries, hospitalizations within last 12 months:

List any medications your child is currently taking: _____

Does your child have any medical condition we should be aware of? _____

Is there any other information we need to have about your child (special needs, behavior)? _____

Medical information Child 2:

Child's Physician or Clinic's Name / Telephone# / Insurance Policy/Group#

_____ (_____) _____

Does your child suffer from any allergies (food, beverages, medication, insect bites/stings)? _____

List any illnesses, injuries, hospitalizations within last 12 months:

List any medications your child is currently taking: _____

Does your child have any medical condition we should be aware of? _____

Is there any other information we need to have about your child (special needs, behavior)? _____

Medical information Child 3:

Child's Physician or Clinic's Name / Telephone# / Insurance Policy/Group#

_____ (_____) _____

Does your child suffer from any allergies (food, beverages, medication, insect bites/stings)? _____

List any illnesses, injuries, hospitalizations within last 12 months:

List any medications your child is currently taking: _____

Does your child have any medical condition we should be aware of? _____

Is there any other information we need to have about your child (special needs, behavior)? _____

PRINT NAME

PARENT'S SIGNATURE

DATE

Students' Names _____

CONSENT FOR EMERGENCY MEDICAL ASSISTANCE

If at any point my child requires urgent medical treatment while at The Czech School of Los Angeles and, provided that I or the emergency contact listed above cannot be contacted personally, I hereby give permission to the doctor or designated person to make any decision that may prove necessary, including calling 911.

Parent's Initial _____

RIGHT TO USE IMAGES

I understand that The Czech School of Los Angeles 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's images, video or voice. Such productions will be used for non-commercial education, exhibition, or promotional material and will not be sold for any reason. They may be copied copyrighted, edited, and/or distributed by The Czech School of Los Angeles in the manner described above. By checking YES, and signing below, I grant The Czech School of Los Angeles the right to use and re-use, in any manner, the video, motion picture, audio recording, web pages, still photographs, broadcast, social media, and/or other publication described above containing my child(ren)'s image or voice named herein. I waive the right of prior approval and hereby release The Czech School of Los Angeles, 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's Initial _____

SHARING CONTACT INFORMATION

To facilitate car pools, contact between classmates and social interaction among school families, The Czech School of Los Angeles may share contact information within the school community. Distribution is limited to The Czech School of Los Angeles families and staff for internal school use only. We will not share your information with any third party groups. 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 school staff). All information provided is for internal purposes only, treated as confidential according to the Data Protection Act 1998 and the Disclosure of Information.

_____ **DO** or _____ **DO NOT** share our contact information. Parent's Initial _____

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS

The Czech School of Los Angeles admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

Parent's Initial _____

PRINT NAME

PARENT'S SIGNATURE

DATE

WAIVER OF LIABILITY

1. Student's Full Name _____

Date of Birth (mm/dd/yy) _____

2. Student's Full Name _____

Date of Birth (mm/dd/yy) _____

3. Student's Full Name _____

Date of Birth (mm/dd/yy) _____

THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE The Consulate General of the Czech Republic (further Consulate), American Sokol - Los Angeles (further AS-LA) and its employees, its teachers, volunteers, administrators (hereinafter referred to as "releasees") from all liability to the undersigned or such children for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or participating in any program affiliated with the AS-LA and/or the Consulate.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any, loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about AS-LA and/or the Consulate premises or participating in any program affiliated with AS-LA and/or the Consulate whether caused by the negligence of the releasees or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises of the Consulate and/or AS-LA or participating in any program affiliated with the Consulate and/or AS-LA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ THE ABOVE, UNDERSTOOD IT, AND BY SIGNING IT AGREE TO ITS TERMS. I understand that I am giving up substantial rights by agreeing to these terms, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intent by my signature and agreement to be a complete and unconditional release of all liability to the greatest extent allowed by law.

PRINT NAME

PARENT'S SIGNATURE

DATE

TUITION AND PAYMENT INFORMATION

Tuition for Fall/Winter Semester:

Start: 9/8/2018 End: 12/15/2018

9/29/2018 classes will be not at our church campus but at CSLA Field Trip (location TBA)

NO Sessions: 11/24/2018 for Thanksgiving weekend

12/15/2018 due to ST. Nicholas Party instead

Kids*:

14 sessions: Weekly attendance - \$168 (@ \$12 each) + \$5.00 online payment fee

7 sessions: Every other week/twice a month/bi-monthly attendance - \$98 (@ \$14 each) + \$5.00 online payment fee

Adults:

14 sessions: Weekly attendance - \$350 (@ \$25 each) + \$5.00 online payment fee

10 flexible sessions: \$250 (@ \$25 each) + \$5.00 online payment fee

All payments must be paid ONLINE at www.czechschoollosangeles.com by Sunday September 30, 2018 (NO EXCEPTIONS)**

Late Fee: \$15.00 will be applied to this tuition after September 30, 2018

Tuition for Winter/Spring Semester:

Start: 1/12/2019 End: 6/1/2019 Last day of CSLA & "Vysvedceni" (Adults 6/15/2019)

NO Sessions: 5/25/2019 for Memorial weekend

Kids*:

20 sessions: Weekly attendance - \$240 (@ \$12 each) + \$5.00 online payment fee

10 sessions: Every other week/twice a month/bi-monthly attendance - \$140 (@ \$14 each) + \$5.00 online payment fee

Adults:

22 sessions: Weekly attendance - \$550 (@ \$25 each) + \$5.00 online payment fee

10 flexible sessions: \$250 (@ \$25 each) + \$5.00 online payment fee

All payments must be paid ONLINE at www.czechschoollosangeles.com by Thursday January 31, 2019 (NO EXCEPTIONS)**

Late Fee: \$15.00 will be applied to this tuition after January 31, 2019

*No sibling or loyalty discounts are available.

** If tuition is not paid by the DUE DATE, the student/students is/are not allowed to attend any sessions.

LOCATION:

All classes will be held on Saturdays between 9,15 am – 12,30 pm at

St. Andrew's Lutheran Church, 11555 National Blvd., Los Angeles, CA 90064.

VOLUNTEER COMMITMENT

Students' Names _____

As a non-profit organization we rely on our volunteers. Every family attending The Czech School of Los Angeles is asked to volunteer 8 (eight) hours per academic semester. Thank you very much in advance for your understanding and help.

You may select from one of the following two options:

Option 1: _____ Initial here to select Option 1.

I wish to volunteer at The Czech School of Los Angeles for 6 hours during each semester that at least one of my children is enrolled. I understand that at the beginning of the school year I will select a volunteer opportunity to fulfill my volunteer requirement from the following list (please circle your choice):

- Assist with school sponsored events with booking, invites, coordination, planning, preparation, transport, on-site kid supervision, set-up and clean-up, arts and crafts, games, refreshments or other activities necessary for smooth run of the event. Actual dates are subject to change. **(Circle which events you can assist with)**
 - CSLA Field Trip (instead of classes, location TBA) – Sat 9/29/2018
 - St. Nicholas Party instead of classes – Sat 12/15/2018
 - Winter Retreat – Jan/Feb 2019
 - Easter Festival Potluck at the Park – Sat 4/13/2019
 - Children Day & CSLA End of the Year Potluck on the Beach – Sun 6/2/2019

Option 2: _____ Initial here to select Option 2.

I do **NOT** wish to volunteer at The Czech School of Los Angeles this school year and instead **will contribute an additional \$90.00 per semester toward my child's/children tuition.**

PRINT NAME

PARENT'S SIGNATURE

DATE

Please list any and all hobbies, talents or interests that you are willing to share with the children as a volunteer:

Mother _____

Father _____

Grandparent/Caregiver _____

Others (please specify) _____

OTHER INFORMATION (Optional):

Students' Names _____

Provide any additional information that will help us get to know and understand your child/children: _____

What language is spoken primarily at home (when together/ with mother/with father)? _____

Are there any opportunities for the child to speak Czech outside of the classroom (grandparents, friends, etc.)? _____

What language does your child/children prefer? _____

Any other comments or observations?

What do you expect your child/children to gain from this class?
