

THE CZECH SCHOOL OF ATLANTA

Honoring Karel Velan
ENROLLMENT FORM

(PLEASE FILL OUT ONE PER EACH CHILD AND PRINT LEGIBLY)

STUDENT ENROLLMENT September 2016 – May 2017

Student's Full Name _____

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

Student's Age as of Sept 1st _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Student's level of Czech/Slovak (circle language that applies) language (circle one):

1. Speaks fluently and understands everything age appropriate (school age - reads books)
2. Understands everything age appropriate, does not speak
3. Understands some, does not speak
4. Understands very little to none, does not speak

Mother's Full Name _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____

E-mail _____

Father's Full Name _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____

E-mail _____

Siblings (Please list names and DOB)

Student's Name _____

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

Name	Address	Relationship
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_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Name	Home Phone #	Cell Phone #	Relationship
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_____	(_____)_____	(_____)_____	_____
_____	(_____)_____	(_____)_____	_____
_____	(_____)_____	(_____)_____	_____

Medical information

Child's Physician or Clinic's Name	Telephone#	Insurance	Policy/Group#
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_____	(_____)_____	_____	_____
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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)? _____

Signature (Parent/Guardian) _____ Date (mm/dd/yy) _____

Signature (Parent/Guardian) _____ Date (mm/dd/yy) _____

Student's Name _____

CONSENT FOR EMERGENCY MEDICAL ASSISTANCE

If at any point my child requires urgent medical treatment while at The Czech School of Atlanta 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 Atlanta 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 Atlanta in the manner described above. By checking YES, and signing below, I grant The Czech School of Atlanta 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 Atlanta, 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 Atlanta may share contact information within the school community. Distribution is limited to The Czech School of Atlanta 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).

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

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS

The Czech School of Atlanta 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 _____

2-HOUR CLASSES:

1. BROUCCI (One parent per two children required) (2 years – 5 years old*)

Story time, music and movement, arts and crafts

Čtení, hudební výchova, výtvarná aktivita

2. SLUNICKA (Parents welcome, parent volunteers needed) (5 years - 7 years old*)

Story time, drama, music and movement, art

Čtení, dramatická výchova, hudební výchova, výtvarná výchova

3. KOUZELNICI (Parents welcome) - (7 years - 14 years old*)

Czech Language - reading, writing, counting, music and art, geography and history relayed through storytelling (**need a parent volunteer for individual reading time**)

Interactive and board games in small groups (**Need a parent volunteer for supervision**)

Čtení, psaní, hudební a výtvarná výchova, zeměpis, dějepis - podáno vypravěčskou formou

4. Slovak Classroom - SOVY

(Parent volunteers required), (3 -12 years old*)

Story time, drama, music and movement, art, interactive and board games in small groups.

* Placement is entirely at the discretion of teachers and the School Director. The School Director will make a final decision in the event of a disagreement concerning appropriate placement.

Tuition for school year 2015 - 2016:

New students:

\$490.00/school year per child + \$0.00 supply fee (\$20.00 fee is waived for 2016-2017)

\$450.00/school year per additional sibling(s) (shows discount for siblings in the same family only)

Returning students:

\$470.00/school year per child + \$0.00 supply fee (\$20.00 fee is waived for 2016-2017)

\$420.00/school year per additional sibling(s) (shows discount for siblings in the same family only)

**Schedule: All classes will be held Saturday 10am – 12pm at Sandy Springs Middle school.
8750 Pride Pl, Sandy Springs, GA 30350**

2016:

September 10,17,24

October 1,8,15,22,29

November 5,12,19

December 3,10,17

2017:

January 7,14,21,28

February 4,11,18,25

March 4,11,18,25

April 15,22,29

May 6,13,20

Payment information: We cannot accept transfers at this time.

BANK OF AMERICA

Account name: THE CZECH SCHOOL OF ATLANTA, INC

Account #: 334038595708 Routing #: 061000052

Make checks payable to:

The Czech School of Atlanta

Student's Name _____

OTHER INFORMATION:

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

What language is spoken primarily at home?

Any other comments or observations?

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