



Curtains up for German @ Atkinson Elementary

Tuesdays & Thursdays, 3:15-4:15, January 2-May 10 (Plus performances)

Ages 7-13, all language & acting levels welcome

Registration 2018

1. Family Information:

FAMILY NAME: _____

Address: _____

E-mail address: _____ (Please use ONE email address.)

Phone EV: _____ DURING SCHOOL: _____

Parent 1: _____ Parent 2: _____

Sophie Scholl Schule is part of Zeitgeist Northwest. You will receive periodic notes on ZGNW activities through the school. Unless you mark here, you will also be added to the separate ZGNW mailing list _____ No, thanks.

2. Student Information:

Name: Birthdate (M-D-Y): Age(child) Grade (F '17)

(Last if different from above, First)

3. EMERGENCY INFORMATION—PLEASE FILL OUT:

ALLERGIES: MEDICATION OR SPECIAL MEDICAL CONDITIONS:

Adults normally authorized to pick up your student:

In case of emergency, and if the parent(s) cannot be reached, we authorize the following to pick up our students.

(Name, relationship to student, phone number) Initial: _____

4. Right to use images:

May Sophie Scholl Schule use your student's likeness or voice for non-commercial educational, exhibition, or promotional use? They will not be sold to anyone for any reason, but they may be copied, copyrighted, edited, and distributed by the Sophie Scholl Schule. Initial: _____ YES, the school may use our students' images as described above.

_____ NO! DO NOT share our students' images.

5. Student Background How strong are your student's age-appropriate German skills?

(0=none, 1=limited ... 5=ative-like,)

Name: _____ Listening _____ Speaking _____ Reading

Name: _____ Listening _____ Speaking _____ Reading

Name: _____ Listening _____ Speaking _____ Reading

What should we know about your student?

6. Enrollment: Sophie Scholl Schule admits students of any race, color, creed, national and ethnic origin, and sexual orientation to all the rights, privileges, programs, and activities generally accorded or made available to students at the school.

Payment must be current for students to attend classes.

Tuition is due in full at the start of enrollment. A late fee of \$25 will be charged for late payments over 30 days.

We accept electronic payment, check, credit card, cash. (Returned check fee:\$20.)

Financial assistance information available upon request. Contact the office in advance to request a payment plan, If agreed upon, processing fees apply.

Withdrawals: No refunds or credits for missed classes.

Prorated refunds are only granted if another student is available to take your student's place.

No refunds of any kind will be made after March 1 st.

No refunds or credits for classes canceled due to unanticipated school closures, scheduling errors made by a host school, or inclement weather.

7. Tuition for 2 hour/week program: **\$300 per student 34 classes**

8. Family contract: Sophie Scholl Schule is a non-profit organization. As a condition of enrollment, parents / guardians agree:

I shall not hold liable Sophie Scholl Schule, its employees, officers, or volunteers for any injury which may occur in connection with any activity of the Sophie Scholl Schule before, during or after school hours or involving any event, gathering or occasion that my family and/or student(s) attend in connection with the Sophie Scholl Saturday School.

I have read & understand the family contract. By signing, I assume full legal liability for all risks involved in participation in this program and further waive certain legal rights.

I agree to pay the tuition of \$ _____. I understand that the Sophie Scholl Schule reserves the right to refuse admittance to any student and suspend any student if the student's behavior justifies such action. I agree to abide by the rules and regulations of the Sophie Scholl Saturday School.

Signature: _____ **Date:** _____