

German School of Connecticut

Registration Form

School Year: 20__ to 20__
 Campus: West Hartford Stamford
 Semester: Fall Spring

Student Information

First Enrollee

First Name	Last Name	Date of Birth (M/D/Y) Under 18 Only	Nationality	Grade in US School
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Years of German School	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Well	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Well	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Well	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Well

Additional Enrollees

First Name	Last Name	Date of Birth (M/D/Y) Under 18 Only	Nationality	Grade in US School
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Years of German School	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Well	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Well	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Well	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Well

First Name	Last Name	Date of Birth (M/D/Y) Under 18 Only	Nationality	Grade in US School
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Years of German School	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Well	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Well	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Well	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Well

First Name	Last Name	Date of Birth (M/D/Y) Under 18 Only	Nationality	Grade in US School
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Years of German School	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Well	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Well	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Well	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Well

Payment Information

Tuition	Student 1	Student 2	Student 3	Student 4
One Semester*	\$405	\$370	\$345	\$295
Entire School Year*	\$745	\$705	\$665	\$550
Additional Book/Material Fee payable to instructor	\$25	\$25	\$25	\$25

*Includes \$40 non-refundable Registration Fee per semester

Fall Payment	Spring Payment
Amount Due:	Amount Due
Date Paid	Date Paid
Cash / Check #	Cash / Check #
Balance Due	Balance Due

I give permission to to publish my or my family's pictures for the GSC newsletter and advertising purposes: Yes No

I give permission to GSC to publish my or my family's names, address, phone number and email in our directory (school use only): Yes No

How did you year about GSC: Newspaper Consulate Word of Mouth Website

Other, Specify:

I have read the Recess Table Information: Yes No

I have read and completed the GSC Questionnaire: Yes No

Signature _____

Student Address Information

Address	Father's Name (students under 18 only)
<input type="text"/>	<input type="text"/>
City	Address (if different)
<input type="text"/>	<input type="text"/>
State	City
<input type="text"/>	<input type="text"/>
Zip	State
<input type="text"/>	<input type="text"/>
Guardian/Mother's Name (students under 18 only)	Zip
<input type="text"/>	<input type="text"/>
Home Phone	Home Phone
<input type="text"/>	<input type="text"/>
Work Phone	Work Phone
<input type="text"/>	<input type="text"/>
Cell Phone	Cell Phone
<input type="text"/>	<input type="text"/>
email address (for teacher communications, class cancellations and other)	email address (for teacher communications, class cancellations and other)
<input type="text"/>	<input type="text"/>
Employer Name amd Address	Employer Name and Address
<input type="text"/>	<input type="text"/>

Mailing Address:

Hartford: GSC, Post Office Box 370441, West Hartford, CT 06137-0441

Stamford: GSC c/o Pedersen, Post Office Box 8146, New Fairfield, CT 06812

Telephone: 860.404.8838

Telephone: 203.312.8257

GSC is a non-profit organization. It does not discriminate by race, religion, age, country or origin.

To continue to offer low tuition fees, parent volunteer work is appreciated.

German School of Connecticut Questionnaire

Tuition has remained low at the German School of Connecticut because of the generous help of many parents. We need and appreciate your contributions.

If possible, mark one or more categories:

- | | |
|--|--|
| <input type="checkbox"/> German School of Connecticut Officers: | President, Parent Support Committee, Secretary/Registrar, Advertising, P.R., Historian/Projects, Librarian (tuition free for one child) |
| <input type="checkbox"/> Parent Support Committee (PSC) | Assisting VP/Chair, Special Committees, Recess Organizer, keeping recess material organized. Help to prepare for the Christmas event, the end of year picnic, etc. |
| <input type="checkbox"/> Library Assistants | Keeping library organized, keeping inventory, labeling, you work with librarian. |
| <input type="checkbox"/> Classroom Parents | One or two volunteers in each classroom for occasional telephone work, coordinating recess duty once per semester, occasional classroom help |
| <input type="checkbox"/> Town Parents | For each community to spread the word about GSC, to distribute posters and brochures to public libraries, schools, businesses and other public locations once or twice a year. |
| <input type="checkbox"/> Public Relations Assistance | Can write press releases, news items, special features, work with the press, work with the PR officer of the school |
| <input type="checkbox"/> Fundraising | Assisting in development and organizing of fundraising ideas. |
| <input type="checkbox"/> Photographer | Taking photographs and videos of classroom situations and special events. |
| <input type="checkbox"/> Computer Work | Occasional computer graphics are needed for signs, advertising, classroom material and mailings. Computer and software advice is also needed. |
| <input type="checkbox"/> Saturday Morning Help | Photocopying, distribution of material, etc. |
| <input type="checkbox"/> Can you play an instrument or sing? | Join our Christmas orchestra or assist preparing for GSC's end of term celebrations |
| <input type="checkbox"/> Are you a German teacher or do you know a German teacher? | We are always looking for qualified teachers. |
| <input type="checkbox"/> Do you have any special talents or abilities with which you would like to assist us? | We are always looking for interesting ideas and talents. |
| <input type="checkbox"/> I cannot help because of my limited time, however I will help advertise the school whenever possible. | We understand. |

Indicate Child/ren's Name and Class

Child		Class		Child		Class	
Child		Class		Child		Class	

Comments

Name (Printed)

Email

Signature

Phone

German School of Connecticut

Emergency Information Form

School Year: 20__ to 20__

Please provide information for ALL students

Last Name
[]

First Name	Date of Birth (M/D/Y)	Medical Condition or Allergies	Please specify:
[]	[]	<input type="checkbox"/> Yes <input type="checkbox"/> No	[]
[]	[]	<input type="checkbox"/> Yes <input type="checkbox"/> No	[]
[]	[]	<input type="checkbox"/> Yes <input type="checkbox"/> No	[]
[]	[]	<input type="checkbox"/> Yes <input type="checkbox"/> No	[]

If you have indicated any medical condition or allergy, please provide us with more information on the reverse side of this form.

Address [] City [] State [] Zip []

Home Phone [] Work Phone [] Cell Phone []

Contact in the event of an emergency?

Name [] Home Phone []

Address [] Cell Phone []

Provide this information for all students under 18 years of age:

Mother's Name	Father's Name
[]	[]
Home Phone []	Home Phone []
Work Phone []	Work Phone []
Cell Phone []	Cell Phone []

Please list two friends or relatives who will assume responsibility for your child if you cannot be contacted or reached. Please notify the designated person(s) that you have given their names to the GSC and that they may be called in the event of an emergency.

Name []	Name []
Address []	Address []
Home Phone []	Home Phone []
Relationship []	Relationship []

Student's Local Physician [] Phone []

Address []

Name of Student

Please describe the medical condition or Allergy:

Does the medical condition require regular or on-going medication? Yes No

What should the teacher know about this medical condition or allergy:

Please describe the care required for the medical condition or allergy in the event of an emergency:

Name of Student

Please describe the medical condition or Allergy:

Does the medical condition require regular or on-going medication? Yes No

What should the teacher know about this medical condition or allergy:

Please describe the care required for the medical condition or allergy in the event of an emergency:

Name of Student

Please describe the medical condition or Allergy:

Does the medical condition require regular or on-going medication? Yes No

What should the teacher know about this medical condition or allergy:

Please describe the care required for the medical condition or allergy in the event of an emergency:

Name of Student

Please describe the medical condition or Allergy:

Does the medical condition require regular or on-going medication? Yes No

What should the teacher know about this medical condition or allergy:

Please describe the care required for the medical condition or allergy in the event of an emergency:

I understand that the school does not have a nurse or other staff person qualified to provide medical assistance on the premises. Its staff of teachers and officers is not authorized to dispense medications of any kind.

In the event of accident or illness, I request that the school notify me, the parent/guardian of the forementioned enrolled child/ren. If the school is unable to locate a parent/guardian, I request that they notify one of the two friends or relatives to whom I have granted permission to be responsible for my child's care in the absence of the parent/guardian. If these persons are unreachable, I hereby authorize the school to call the physician. The school may make whatever arrangements necessary in the best interest of the child.

In the event of accident or serious illness of an adult student, i request that the school call the person designated. If that person is unreachable, I hereby authorize the school to call a physician, if indicated, or to make whatever arrangements are necessary in the best interest of the student.

In the event of a medical emergency requiring immediate care, I authorize the school to place a 911 call to the local Emergency Medical Service in order to provide assistance to the student. Other phone calls to designated persons, as described above, will follow the 911 phone call.

If a student requires any special medical care, routinely or in the event of an emergency, the school must be notified on this Emergency Information Sheet. The school cannot be responsible for unreported medical conditions.

Special Concerns:

I acknowledge that I have read and with my signature accept the conditions of German School of Connecticut as stated in this Registration Package.

Date

Print Name

Signature