



Beaverton all ( Saturday)	_____
Hillsdale child (2x weekly)	_____
Hillsdale adult (1x weekly)	_____
Date enrolled:	.....

## Registration 2016-17

**1. Family Information:**

FAMILY NAME: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

Phone DURING THE WEEK: \_\_\_\_\_ DURING SCHOOL: \_\_\_\_\_

(Children only): Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_

**2. Student Information:**

Name:	Birthdate (M-D-Y):	Age(child)	Grade (F '16)
_____	_____	_____	_____
(Last if different from above, First)			
_____	_____	_____	_____
_____	_____	_____	_____

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.

**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** What are your language learning goals this year / long term?

How strong are your student's age-appropriate German skills? (0=none, 1=limited ... 5=ative-like,)

Name: \_\_\_\_\_ Listening \_\_\_\_\_ Speaking \_\_\_\_\_ Reading \_\_\_\_\_ Writing

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Describe your student's previous exposure to and use of German.

What should we know about how your student learns?

**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.

--Students must be at least 3 years old by September 15, 2016, and be toilet trained. Class placement is at the discretion of the school administration.

--**Payment** must be current for students to attend classes.

-- Tuition is due in full at the begin 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.)

-- Contact the office in advance to request a payment plan, If agreed upon, processing fees apply.

-- Financial assistance forms available upon request.

-- **Withdrawals:** Prorated refunds are granted only if another student is available to take your student's place.No refunds of any kind will be made after March 1<sup>st</sup>.

-- No refunds or credits for students who miss classes, classes canceled due to unanticipated school closures, or scheduling errors made by a hosting school. Efforts will be made to make up classes due to inclement weather.

7. <u>Tuition: Beaverton, Hillsdale child</u>	Start date	1st	2nd	3rd+
		<u>Student</u>	<u>Student</u>	<u>Student</u>
	Sept	620	575	525
	Nov	495	460	425
	Jan	390	355	330

**Hillsdale adult** (January start): 1st /2nd Student 220/200

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

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.

**Parent / Guardian Name** (Print): \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office use only:**

**Enrollment date** \_\_\_\_\_

**Total Due:**

\_\_\_\_\_