



**GERMAN AMERICAN
SCHOOL ASSOCIATION**

OF SOUTHERN CALIFORNIA

13601 Whittier Boulevard, Suite 400 • Whittier, California 90605
(562) 693-0223 * FAX (562)693-3753 * office@GASAschool.org

www.Germanschool4kids.org

A Non-Profit Corporation (Tax ID 95-2259663)

2018/2019 Enrollment for Saturday School in _____

Name of Parent or Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

Name(s) of child(ren):

1) Name _____ Birthday _____ place of birth _____

2) Name _____ Birthday _____ place of birth _____

3) Name _____ Birthday _____ place of birth _____

4) Name _____ Birthday _____ place of birth _____

- I do [] / do not [] authorize GASA to use my child's/children's photograph for reproduction and publication in literature, advertising and display.
- German/Swiss/Austrian heritage: One Parent _____ Both Parents _____ Grandparents _____ None _____
- Racial Composition of Student(s): Hispanic ___ Caucasian ___ African American ___ Asian ___ Arabic _____
Where did you hear about us?
From a Friend _____ Consulate _____ Website _____ Facebook _____ Google _____ Other _____

Tuition Payments:

Registration and membership fee per family is included in the tuition amount of the first child. The membership fee of \$ 50.00 is tax deductible.

1st child \$ 640.00 _____

2nd child \$ 540.00 _____

3rd child \$ 440.00 _____

4th child \$ 440.00 _____

Total _____

Method of Payment:

Cash [] Check [] # _____

Credit Card: Visa [] Mastercard []

Credit Card Number _____ / _____ / _____ / _____ Expiration Date: _____ / _____

NO REFUND OF TUITION.

A fee of \$ 25.00 will be charged for all returned checks and declined credit cards.

Signature of Parent/Guardian: _____ **Date** _____



Parent and Student Responsibilities

1. The German American School Association is a nonprofit educational organization that does not discriminate on the basis of race, color, religious beliefs, sex, age, national origin, disability or any other classification protected by applicable law.
2. Classes will take place at different locations.
3. Return check policy: \$ 25.00 will be charged for all returned checks and declined credit cards.
4. In the Saturday Schools, students under 4 years of age can only be accepted after a 4 week trial period following enrollment. The fee for the trial is \$ 120.00 which will be applied to the tuition, if the student is fully enrolled.
5. The German American School Association has the responsibility to provide appropriate educational instruction for all students. Classes are from 9:00 a.m. to 12:00 noon. Students are expected to be at school, prepared for class, at 8:50 a.m. Students must be picked up no later than 10 minutes after the end of classes. The German American School Association is not responsible for the students after their scheduled classes.
6. With the application for membership and enrollment, parents may request the by-laws of the German American School Association.
7. **The German American School Association is committed to providing a safe learning and working environment and expects everyone to conduct themselves in a manner that shows respect of self, respect of others and respect of property. Any behavior that is disruptive to a good learning environment or any behavior that infringes on the safety or well-being of students, employees, or any other persons within the school's jurisdiction will not be tolerated. Disruptive behavior includes, but is not limited to:**

Fighting, bullying, teasing

Use or possession of controlled substances and/or weapons, including replicas and toy weapons, and other dangerous objects

Defiance and class disruption

Inappropriate language, spoken and/or written

Theft and damaging school or private property

Any disruptive behavior will result in a warning and/or possible immediate or subsequent suspension or expulsion from school. Parents will be held liable for any damages.

parent's signature

date

student's signature

parent's name printed

student's signature

school campus

student's signature



Emergency Information

Student's name: _____ Date of Birth _____

Home Address: _____

City: _____ ZIP: _____

Parents/Guardians Name _____

e-mail : _____

Telephone number/numbers where parent/guardian can be reached on Saturday morning:

Child's known allergies: _____

Current Medications: _____

Child's physician: _____ Phone number _____

The above child can be released after school to the following persons:

Emergency Consent Form

If your child needs emergency medical care and you aren't available to give formal consent to medical authorities, care may be unnecessarily delayed.

I/We hereby authorize the principal/teacher to give consent for all medical and/or surgical treatment that maybe required for our child after reasonable attempts have been made to contact me/us. I/We understand that the German-American School Association , its employees and its Board assume no liability of any nature in relation to the transportation or treatment of the said minor. All medical fees will be the responsibility of the parent/guardian.

 Signature of parent or legal guardian

 date