



**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](http://www.Germanschool4kids.org)

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

**Weekdays Online, Winter/Spring 2023** for children 8 years old and up

February 6<sup>th</sup> – May 18<sup>th</sup>, 2023 15 weeks, 1.5 hours per class

Name of Parent or Guardian: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Name(s) of child(ren):**

1) Name \_\_\_\_\_ Birthday \_\_\_\_\_ place of birth \_\_\_\_\_

**Course:** Number: \_\_\_\_\_ Title: \_\_\_\_\_ Day & Time: \_\_\_\_\_

2) Name \_\_\_\_\_ Birthday \_\_\_\_\_ place of birth \_\_\_\_\_

**Course:** Number: \_\_\_\_\_ Title: \_\_\_\_\_ Day & Time: \_\_\_\_\_

3) Name \_\_\_\_\_ Birthday \_\_\_\_\_ place of birth \_\_\_\_\_

**Course:** Number: \_\_\_\_\_ Title: \_\_\_\_\_ Day & Time: \_\_\_\_\_

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 \_\_\_\_\_ Other \_\_\_\_\_

**Where did you hear about us?**

From a Friend \_\_\_\_\_ Consulate \_\_\_\_\_ Website \_\_\_\_\_ Facebook \_\_\_\_\_ Google \_\_\_\_\_ Other \_\_\_\_\_

GASA Saturday School Student? Yes No Saturday School Location \_\_\_\_\_ (please specify)

**Tuition for courses 201, 202, 203 and 204:**

1st child \$ 280.00 \_\_\_\_\_

2nd child \$ 260.00 \_\_\_\_\_

3rd child \$ 260.00 \_\_\_\_\_

**Total** \_\_\_\_\_

**Tuition for courses 205 and 206:**

1st child \$ 345.00 \_\_\_\_\_

2nd child \$ 325.00 \_\_\_\_\_

3rd child \$ 325.00 \_\_\_\_\_

**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 \_\_\_\_\_

GASA reserves the right to cancel classes if not enough children enroll