



# STUDENT ENROLLMENT PACKET

The school year 2019-2020:  
Sept. 7, 2019 – May 30, 2020

PAY ONLINE by 9/30/18 at  
[www.czechschoollosangeles.com](http://www.czechschoollosangeles.com)

## Instructions

Please fill and print one packet per family (2 sided) to save paper and bring completely filled out to the first class on Sep 7<sup>th</sup> or Sep 14<sup>th</sup>, 2019 if coming every other week!

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## A. STUDENT & CONTACT INFO

### 1. Student's Information

Full Name	
Date of Birth (mm/dd/yy)	
Gender	
Student's Age as of Sept 1 <sup>st</sup>	
Returning student?	

**Student's level of Czech language (circle one):**

1.  Speaks fluently and understands everything age-appropriate
2.  Understands everything age-appropriate, does not speak
3.  Understands some, does not speak
4.  Understands very little to none, does not speak

### 2. Student's Information

Full Name	
Date of Birth (mm/dd/yy)	
Gender	
Student's Age as of Sept 1 <sup>st</sup>	
Returning student?	

**Student's level of Czech language (circle one):**

1.  Speaks fluently and understands everything age-appropriate
2.  Understands everything age-appropriate, does not speak
3.  Understands some, does not speak
4.  Understands very little to none, does not speak

### 3. Student's Information

Full Name	
Date of Birth (mm/dd/yy)	
Gender	
Student's Age as of Sept 1 <sup>st</sup>	
Returning student?	



**Student's level of Czech language (circle one):**

1.  Speaks fluently and understands everything age-appropriate
2.  Understands everything age-appropriate, does not speak
3.  Understands some, does not speak
4.  Understands very little to none, does not speak

## 5. Frequency of Attendance

**Student / Students will be attending (circle one):**

1.  Weekly
2.  Every other week/twice a month/bi-monthly

## 6. Contact Information

Mother's Full Name	
Father's Full Name	
Address, Apt. #	
City	
State	
Zip	
Home Phone #	
Cell Phone 1 # (Primary)	
Cell Phone 2 #	
Email # 1 (Primary)	
Email # 2	

**CSLA Un-enrolled Siblings (Please list names, DOB)**

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**My child/children may be released to the person(s) signing this agreement and/or to the following:**

Name:	
Address:	
Relationship:	

## 7. Emergency Contact

**Person to contact in case of emergency, when parents cannot be reached:**

Name:	
Home Phone #	
Cell Phone #	
Relationship	



## B. MEDICAL INFORMATION

### Child 1

Child's Physician or Clinic's Name:	
Telephone # :	
Insurance Policy/Group #:	

Does your child suffer from any allergies (food, beverages, medication, insect bites/stings)?

\_\_\_\_\_

List any illnesses, injuries, hospitalizations within the last 12 months:

\_\_\_\_\_

List any medications your child is currently taking:

\_\_\_\_\_

Does your child have any medical conditions we should be aware of?

\_\_\_\_\_

Is there any other information we need to have about your child (special needs, behavior)?

### Child 2

Child's Physician or Clinic's Name:	
Telephone # :	
Insurance Policy/Group #:	

Does your child suffer from any allergies (food, beverages, medication, insect bites/stings)?

\_\_\_\_\_

List any illnesses, injuries, hospitalizations within the last 12 months:



List any medications your child is currently taking:

Does your child have any medical conditions we should be aware of?

Is there any other information we need to have about your child (special needs, behavior)?

**Child 3**

Child's Physician or Clinic's Name:	
Telephone # :	
Insurance Policy/Group #:	

Does your child suffer from any allergies (food, beverages, medication, insect bites/stings)?

List any illnesses, injuries, hospitalizations within the last 12 months:

List any medications your child is currently taking:

Does your child have any medical conditions we should be aware of?

Is there any other information we need to have about your child (special needs, behavior)?

PRINT NAME PARENT'S, SIGNATURE, DATE



## C. CONSENTS AND PERMISSIONS

Students' Names

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### CONSENT FOR EMERGENCY MEDICAL ASSISTANCE

If at any point my child requires urgent medical treatment while at The Czech School of Los Angeles and, provided that I or the emergency contact listed above cannot be contacted personally, I hereby give permission to the doctor or designated person to make any decision that may prove necessary, including calling 911.

- Parent's Initial: \_\_\_\_\_

### RIGHT TO USE IMAGES.

I understand that the Czech School of Los Angeles may produce or participate in video, motion picture, audio recording, web pages, still photographs, broadcast, social media, and/or other publication which may involve the use of student's images, video or voice. Such productions will be used for non-commercial education, exhibition, or promotional material and will not be sold for any reason. They may be copied copyrighted, edited, and/or distributed by The Czech School of Los Angeles in the manner described above. By checking YES, and signing below, I grant The Czech School of Los Angeles the right to use and re-use, in any manner, the video, motion picture, audio recording, web pages, still photographs, broadcast, social media, and/or other publication described above containing my child(ren)'s image or voice named herein. I waive the right of prior approval and hereby release The Czech School of Los Angeles, its agents or its designees from any and all claims for damages or remuneration of any kind based on the use of said materials. I have read the foregoing and fully and completely understand the contents thereof and accept or reject these terms and conditions as indicated below:

- Parent's Initial \_\_\_\_\_ YES / NO

### SHARING CONTACT INFORMATION

To facilitate carpools, contact between classmates and social interaction among school families, The Czech School of Los Angeles may share contact information within the school community. Distribution is limited to The Czech School of Los Angeles families and staff for internal school use only. We will not share your information with any third party groups. If your family does not wish to have contact information shared in this way, please indicate by checking DO NOT to the following statement (this will not affect contact directly from school staff). All information provided is for internal purposes only, treated as confidential according to the Data Protection Act 1998 and the Disclosure of Information.

- Parent's Initial \_\_\_\_\_ DO / DO NOT share our contact information.

### NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS

The Czech School of Los Angeles admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

- Parent's Initial \_\_\_\_\_

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PRINT NAME PARENT'S, SIGNATURE, DATE



## D. WAIVER OF LIABILITY

<b>1. Student's Full Name</b>	
Date of Birth (mm/dd/yy)	
<b>2. Student's Full Name</b>	
Date of Birth (mm/dd/yy)	
<b>3. Student's Full Name</b>	
Date of Birth (mm/dd/yy)	

**THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:**

**1. THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE** The Consulate General of the Czech Republic (further Consulate), American Sokol - Los Angeles (further AS-LA) and its employees, its teachers, volunteers, administrators (hereinafter referred to as "releasees") from all liability to the undersigned or such children for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children are in, upon, or about the premises or participating in any program affiliated with the AS-LA and/or the Consulate.

**2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS** the releasees and each of them from any, loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about AS-LA and/or the Consulate premises or participating in any program affiliated with AS-LA and/or the Consulate whether caused by the negligence of the releasees or otherwise.

**3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE** to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises of the Consulate and/or AS-LA or participating in any program affiliated with the Consulate and/or AS-LA.

**THE UNDERSIGNED** further expressly agrees that the foregoing RELEASE WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**I HAVE READ THE ABOVE, UNDERSTOOD IT, AND BY SIGNING IT AGREE TO ITS TERMS.** I understand that I am giving up substantial rights by agreeing to these terms, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature and agreement to be a complete and unconditional release of all liability to the greatest extent allowed by law.

\_\_\_\_\_  
PRINT NAME PARENT'S, SIGNATURE, DATE



## E. TUITION AND PAYMENT INFORMATION

### Fall / Winter Semester

- Start: 9/7/2019 End: 12/14/2019
- 9/21/2019 classes will be not at our church campus but at CSLA Field Trip at Underwood Family Farms in Moorpark (more info TBA)
- NO Session: 11/30/2019 for Thanksgiving weekend

### Tuition Kids\*

- 14 sessions: Weekly attendance - \$168 (@ \$12 each) + \$5.00 online payment fee
- 7 sessions: Every other week/twice a month/bi-monthly attendance - \$98 (@ \$14 each) + \$5.00 online payment fee

### Tuition Adults

- 14 sessions: Weekly attendance - \$350 (@ \$25 each) + \$5.00 online payment fee
- 10 flexible sessions: \$250 (@ \$25 each) + \$5.00 online payment fee

**All payments must be paid ONLINE by MONDAY SEPTEMBER 30, 2019\*\* at [czechschoollosangeles.com](http://czechschoollosangeles.com) (NO EXCEPTIONS). Late Fee: \$15.00 will be applied to this tuition after September 30, 2019**

### Winter / Spring Semester

- Start: 1/11/2020 End: 5/30/2020 Last day of CSLA & "Vysvedceni" (Adults 6/13/2020)
- NO Sessions: 5/23/2020 for Memorial weekend

### Tuition Kids\*

- 20 sessions: Weekly attendance - \$240 (@ \$12 each) + \$5.00 online payment fee
- 10 sessions: Every other week/twice a month/bi-monthly attendance - \$140 (@ \$14 each) + \$5.00 online payment fee

### Tuition Adults

- 22 sessions: Weekly attendance - \$550 (@ \$25 each) + \$5.00 online payment fee
- 10 flexible sessions: \$250 (@ \$25 each) + \$5.00 online payment fee

**All payments must be paid ONLINE by FRIDAY JANUARY 31, 2020\*\* at [czechschoollosangeles.com](http://czechschoollosangeles.com) (NO EXCEPTIONS). Late Fee: \$15.00 will be applied to this tuition after January 31, 2020**

\* No sibling or loyalty discounts are available.

\*\* If tuition is not paid by the DUE DATE, the student is/students are not allowed to attend any sessions.

### LOCATION

- All classes will be held on Saturdays between 9:15 AM – 12:30 PM
- St. Andrew's Lutheran Church, 11555 National Blvd., Los Angeles, CA 90064.





## F. VOLUNTEER COMMITMENT

Students' Names

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As a non-profit organization, we rely on our volunteers. Every family attending The Czech School of Los Angeles is asked to volunteer for 8 (eight) hours per academic semester. Thank you very much in advance for your understanding and help.

You may select from one of the following two options:

### Option 1: \_\_\_\_\_ Initial (if selecting this option)

I wish to volunteer at The Czech School of Los Angeles for 6 hours during each semester that at least one of my children is enrolled. I understand that at the beginning of the school year I will select a volunteer opportunity to fulfill my volunteer requirement from the following list (please circle your choice):

- Assist with school-sponsored events with booking, invites, coordination, planning, preparation, transport, on-site kid supervision, set-up, and clean-up, arts and crafts, games, refreshments or other activities necessary for a smooth run of the event. Actual dates are subject to change. (Circle which events you can assist with)
- CSLA Field Trip at Underwood Family Farms in Moorpark (instead of classes) – Sat 9/21/2019
- St. Nicholas Party – Sun 12/15/2019 (everybody attending needs to sign-up to volunteer)
- Winter Retreat – 2/7-2/9/2020 or 2/28-3/1/2020 (Jana Chelsey a Dagmar Kunakova + 1 volunteer for rental discounts)
- Easter Festival Potluck at the Park – Saturday 4/11/2020
- CSLA Year-End Camping on the Beach – 6/5 - 6/7/2020

### Option 2: \_\_\_\_\_ Initial (if selecting this option)

I do **NOT** wish to volunteer at The Czech School of Los Angeles this school year and instead will contribute an additional **\$90.00** per semester toward my child's/children's tuition.

Please list any and all hobbies, talents or interests that you are willing to share with the children as a volunteer:

Mother	
Father	
Grandparent/Caregiver	
Others (Please Specify)	

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PRINT NAME PARENT'S, SIGNATURE, DATE



## G. OTHER INFORMATION (Optional)

Students' Names

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**Provide any additional information that will help us get to know and understand your child/children:**

What language is spoken primarily at home (when together/ with mother/with father)?

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Are there any opportunities for the child to speak Czech outside of the classroom (grandparents, friends, etc.)?

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What language does your child/children prefer?

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Any other comments or observations?

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What do you expect your child/children to gain from this class?

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