



STUDENT ENROLLMENT PACKET for in person classes - CHILDREN

School Year 2023-2024

Instructions

- Please print and bring filled out to the first class on January 6th 2024
- Pay online by 1/6/2024 for Spring semester www.czechschoollosangeles.com or by check payable to Sokol Los Angeles

Student's Information

Full NAME	
Date of Birth (MM/DD/YYYY)	
Gender	
Student's Age as of Sept 1 st	
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

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Frequency of Attendance

Student / Students will be attending (circle one):

<input type="checkbox"/>
<input type="checkbox"/>

- i. Weekly
- ii. Every other week/twice a month/bi-monthly

Contact Information

Mother's Full NAME	
Father's Full NAME	
Address, Apt. #	
City, State, ZIP	
Cell Phone 1 # (PRIMARY)	
Cell Phone 2 #	
EMAIL # 1 (PRIMARY)	
EMAIL # 2	

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

NAME:	
Address:	
Relationship:	

Emergency Contact

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

NAME:	
Cell Phone #	
Relationship	

X

PARENT: PRINT NAME, SIGNATURE, DATE



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 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 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)?



TUITION, SOKOL MEMBERSHIP AND PAYMENT INFORMATION

1. Fall Semester 2023

Start: September 9th, 2023

End: December 2nd, 2023

NO classes on Saturday, November 25th, 2023 (Thanksgiving weekend)

Tuition Kids

- 12 sessions: Weekly attendance: \$144 + \$5.00 online PAYMENT fee
- 6 sessions: Every other week/ Bi-weekly attendance: \$84 + \$5.00 online PAYMENT fee
- Payment must be paid in full **by September 9th 2023 ONLINE**
at czechschoollosangeles.com or in person by check payable to Sokol Los Angeles before class. There will be a \$20 Late Fee added to all payments after September 9th, 2023
- Tuition doesn't include textbooks. They can be purchased from our school or a bookstore on the beginning of the semester based on your child/children's knowledge of Czech.

2. Spring Semester 2024

Start: January 6th, 2024

End: May 2nd, 2024

NO classes on Saturday, March 30th, 2023 (Easter)

Tuition Kids

- 19 sessions: Weekly attendance - \$285 + \$5.00 online PAYMENT fee
- 9 sessions: Every other week/ Bi-weekly attendance - \$135 + \$5.00 online PAYMENT fee
- Payment must be paid in full **by January 6th 2024 ONLINE**
at czechschoollosangeles.com or in person by check payable to Sokol Los Angeles before class. There will be a \$20 Late Fee added to all payments after January 6th, 2024.

3. LOCATION AND TIMES

- Classes are held on Saturdays in our classrooms in St. Andrew's Lutheran Church, 11555 National Blvd., Los Angeles, CA 90064.
- Students 3-6 years old start at 9:15am, classes are 90min long and they are every Saturday
- Students 6 years and older start at 11:00am, classes are 90min long and they are every other Saturday.



4. Sokol Membership

Czech School of Los Angeles is part of Sokol Los Angeles.

The membership in Sokol is required to be able to participate in Czech School classes.

Sokol is a non-profit so dues of \$45 are tax deductible.

For over 100 years, Sokol LA has been bringing together SoCal Czech & Slovak communities, organizing & sponsoring events, including Czech classes for our community.

Please print and fill the application at the end of our packet for one parent per family and bring it to first lesson of the Spring semester (Membership fee is included in the price of Spring semester lessons)

Membership will give you opportunity to get involved in planning family-friendly educational and cultural activities, like Mikulas, Easter, hikes, camping & skiing trips, Kids beach days....



WAIVER OF LIABILITY

1. Student's Full Name	
Date of Birth (MM/DD/YYYY)	
2. Student's Full Name	
Date of Birth (MM/DD/YYYY)	

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



CONSENTS AND PERMISSIONS

Students' Names

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** _____

OTHER INFORMATION(Optional)

Students' Names

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)?

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

What language does your child/children prefer?

Any other COMMENTS or observations?

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



American Sokol Los Angeles
214 Main Street #215
El Segundo, CA 90245



APPLICATION FOR MEMBERSHIP

SOKOL UNIT Los Angeles

Date: _____

Title: Mr. _____ Mrs. _____ Ms. _____

Name: _____

Address: _____

City: _____ State: _____ Postal Code (Zip+4): _____

Email: _____ Telephone: _____

Birth Date/or Birth Year: _____ Male _____ Female _____

Publication Communication Preference: Mail _____ Email _____

U.S. Citizen or legal resident of USA? Yes _____ No _____

Upon admission to membership, I promise to be governed by the Bylaws of the American Sokol Organization and my local Unit in all my activities on their behalf.

Applicant's Signature: _____

Sponsor's Signature: _____

Applicant please complete page2

Date Installed as Member: _____

Member Type: Voting _____ Non-Voting _____

Date entered on National Database: _____

For Office Use



The Czech School of Los Angeles

Phone: 949 - 438 1214 – czechschoollosangeles@gmail.com

City, State, Country of birth _____

Occupation _____

Married ____ Single ____ Widowed ____

Name of Spouse _____

Children in your household (Names/Ages)

List other clubs, organizations to which you belong

Are you of Czech/Slovak heritage? Yes ____ No ____

How did you hear about Sokol? _____

Are you or your children currently enrolled in our programs? Yes ____ No ____

Explain _____

Sokol Los Angeles Dues and Fees were added to your lesson tuition fees.

Please fill out the Membership Application:

Annual Dues are \$45.00

One-time Application Fee is \$5.00

Revised December 2024