



STUDENT ENROLLMENT PACKET

for in person classes

School Year 2024-2025

Instructions

- Please complete, print, sign and email to czechschoollosangeles@gmail.com or bring a filled out copy to the first class.
- Pay online before the first class at www.czechschoollosangeles.com or by check payable to American Sokol Los Angeles (Sokol) on your first day.

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):

- Speaks fluently and understands everything age-appropriate
- Understands everything age-appropriate, does not speak
- Understands SOME, does not speak
- Understands very little to none, does not speak

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The Czech School of Los Angeles

(949) 438-1214 – czechschoollosangeles@gmail.com

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)?



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 CSLA and 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.

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, CSLA and/or the St. Andrews Lutheran Church PREMISES or participating in any PROGRAM affiliated with AS-LA and/or the CSLA 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 St. Andrews Church and/or AS-LA or participating in any PROGRAM affiliated with the CSLA 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 and Sokol 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** _____

PRINT NAME PARENT'S, SIGNATURE, DATE

VOLUNTEER COMMITMENT

Students' Names

As a non-profit organization, we rely on our volunteers. Every family attending The Czech School of Los Angeles is asked to volunteer for at least 2 (two) hours per academic semester. Thank you very much in advance for your understanding and help. Without you we would not be able to have events like Easter, Mikulas, camping fun...

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 minimum of 2 (two) hours during each semester that at least one of my children is enrolled.

I understand that at during the school year I will select a volunteer opportunity to fulfill my volunteer requirement from the following list (please circle your choice):

- Assist with Czech 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. Additional opportunities will be advised.
 - CSLA camping trip at Refugio
 - Run – Beh Republiky
 - St. Nicholas Party
 - Winter Retreat – January or February
 - Easter Festival Potluck
 - CSLA Year-End Day on the Beach - June

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 \$40.00 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)

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)	

PRINT NAME PARENT'S, SIGNATURE, DATE

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?

SOKOL MEMBERSHIP AND PAYMENT INFORMATION

1. Sokol Membership - OPTIONAL

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

For over 100 years, Sokol LA has been bringing together SoCal Czech & Slovak communities, organizing & sponsoring events, including Czech classes for our community. Sokol Membership is \$45 a year + \$5 one-time application fee. Please print and fill the application at the end of our packet for one parent per family and send it to Sokol Los Angels address with a membership fee. Sokol is a non-profit, so dues are tax deductible. 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 and discounted CSLA classes.



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



The Czech School of Los Angeles
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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 to be submitted with Membership Application:

Annual Dues - \$45.00
One-time Application Fee - \$5.00

If you would like Membership benefits for other members of your family, please fill out an application for each of them and pay the same fee of \$45.00/year and \$5.00 one-time application fee for each new member.

Date Installed as Member: _____

For Office Use

Member Type: Voting ____ Non-Voting ____

Date entered on National Database: _____

Revised November 2023