



## REGISTRATION FOR CLASSES

### CLASSES FOR CHILDREN: INFORMATION

This **Registration Packet** includes 2 forms: **Registration Contract** (pg. 2 - 4) and **Payment Contract** (pg. 5).

### How to Register

Email your forms to [info@czechschoolportland.org](mailto:info@czechschoolportland.org) by August 31, 2022, or bring them together with payment on the first school day, September 10, 2022, to Brentwood Darlington Community Center – 7211 SE 62<sup>nd</sup> Ave, Portland, OR 97206.

**Discount of \$45 applies for early registration by July 31, 2022.** Payment plan options are available. Questions: [info@czechschoolportland.org](mailto:info@czechschoolportland.org).

### Payment & Registration Policy

Tuition payment is due by the first class. Discounts for siblings apply (see Payment Contract, pg. 5). Students who join after class has started will pay full tuition through week five. Beginning with week 6, tuition will be prorated based on the number of classes attended. CSP maintains the right to charge an administrative fee of \$35.00. Refunds will be given only within the first month of enrollment, only at the discretion of the CSP board, and only on a prorated basis. There will be an administrative fee of \$35.00. No refunds or discounts are given for missed classes.

Please make a payment with a check, in cash or via PayPal. CSP does not have the ability to take credit card payments.

**CLASSES FOR CHILDREN: REGISTRATION CONTRACT 2022-2023**

Notes: Fill out one enrollment form per each child.

First and Last Name: \_\_\_\_\_

Date of Birth mm/dd/yy: \_\_\_\_\_

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

Grade in US School, in September 2022: \_\_\_\_\_

School or Preschool child will be attending: \_\_\_\_\_

**Parent/Guardian 1**

First and Last Name: \_\_\_\_\_

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

Cell#: \_\_\_\_\_ Home#: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Parent/Guardian 2**

First and Last Name: \_\_\_\_\_

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

Cell#: \_\_\_\_\_ Home#: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Health concerns**

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

\_\_\_\_\_

Does your child have any medical conditions we should be aware of? List any medications your child is taking.

\_\_\_\_\_

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

\_\_\_\_\_

**EMERGENCY**

Contact information during school hours, parents/guardians who can give consent for emergency medical assistance:

Name - Relationship to Student - Phone Number

1. \_\_\_\_\_

2. \_\_\_\_\_

Adults authorized to pick up my child. In case of emergency, I authorize the following person(s) to pick up my child:

Name - Relationship to Student - Phone Number

1. \_\_\_\_\_

2. \_\_\_\_\_

**FAMILY INFORMATION FORM**

**Consent for Emergency Medical Assistance**

If at any point my child requires urgent medical treatment while at the Czech School of Portland and, if 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 \_\_\_\_\_

**Sharing Contact Information**

To facilitate carpools, contact between classmates and social interaction among school families, CSP may share contact information. Distribution is limited to CSP families and staff for internal school use only. 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):

**DO**                      **or DO NOT**                      share our family contact information.

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

**Right to Use Images**

I understand that the CSP may produce or participate in video, motion picture, audio recording, web pages, still photographs, broadcast, social media, and/or other publications which may involve the use of a student's likeness or voice. Such productions will be used for non-commercial education, exhibition, or promotion and will not be sold for any reason. They may be copied, copyrighted, edited, and/or distributed by the CSP in the manner described above.

By checking YES, and signing below, I grant the CSP 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 thereby release CSP, its agents or its designees from 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:

**YES**                      **or NO**

**Parent's Initial** \_\_\_\_\_

**Notice of Nondiscriminatory Policy as to Students**

The Czech School of Portland 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 based on 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** \_\_\_\_\_

**WAIVER OF LIABILITY**

Child's Name (First, Last), Date of Birth (mm/dd/yy):

\_\_\_\_\_

Child's Name (First, Last), Date of Birth (mm/dd/yy):

\_\_\_\_\_

Child's Name (First, Last), Date of Birth (mm/dd/yy):

\_\_\_\_\_

Czech School of Portland is a non-profit public benefit organization. As condition of enrollment, I hereby agree to the following: I understand and agree that, as a condition of my child(ren)'s being accepted at Czech School of Portland (CSP), I shall not hold liable the CSP or Brentwood-Darlington Community Center, their employees, directors, officers, volunteers or agents for any injury which may occur in connection with activity of the CSP before, during, or after school hours, or involving any event, gathering, or occasion that I and/or my child(ren) attend(s) as a result of connection with the CSP. I am aware that by signing I have agreed to assume full legal liability for all risks involved in a participation in the CSP program and further that I have waived certain legal rights, including my right to sue. I am the parent or legal guardian of this child/of these children.

**I have read and understood this form in full for the purpose of registering my child/children at the Czech School of Portland. I agree to abide by the rules and regulations of Czech School of Portland and that my children will do the same.**

\_\_\_\_\_

Print Name Signature

\_\_\_\_\_

Date

**CLASSES FOR CHILDREN: PAYMENT CONTRACT 2022-2023**

Notes: Multi-student families will register their eldest child first.

<b>Family Name:</b>	
<b>Child(ren)'s Name(s):</b>	
<b>Number of Students Registering:</b>	

<b>Registration Fee (One time, Per Student, Non-Refundable) (\$50):</b> DOES NOT APPLY TO RETURNING STUDENTS	
<b>Tuition for 2022/2023 school year (\$495/per student):</b>	
<b>Early registration discount (\$45):</b>	
<b>Additional child per family discount - 2nd student (\$50):</b>	
<b>Additional child per family discount - 3rd student (\$50):</b>	
<b>Additional Fee for Teaching Materials per Student (\$20):</b>	
<b>TOTAL:</b>	

<b>Paid by Check Number:</b>		<b>Date:</b>	
<b>Parent (Print Name):</b>		<b>Signature:</b>	

**Tuition and all fees due by September 10th, 2022.**

**Checks payable to Czech School of Portland.**

Please email us with any questions @ [info@czechschoolportland.org](mailto:info@czechschoolportland.org).