



# The German School of Dallas

## Registration Form

### 6 Week Summer Course 2023

<http://www.germanschooldallas.com>

Please check your class preference. Tuition is due with the registration.

Tuition: \$170 + \$20 non-refundable registration fee (one per family).

The school reserves the right to cancel a class due to low enrollment. School fees will be reimbursed.

Class Preference

**In Person Classes: June 10, 17, 24, July 8, 15, 22, from 9:30 AM – noon at All Saints Catholic Church**

<b>Children &amp; Teens</b>	<b>Previous Teacher / Language Level</b>	<input type="text"/>	<input type="checkbox"/>
<b>Adults:</b>	<b>Previous Teacher / Language Level</b>	<input type="text"/>	<input type="checkbox"/>

**Zoom - Classes:**

<b>Adults:</b>	Frau Britta Borgardt: Adult A.1.1 Complete Beginner Tuesdays 6:00 - 8:30 PM and Saturdays noon -2:30 PM, May 23, 30, June 3, 6, 10, 13	<input type="checkbox"/>
<b>Adults:</b>	Frau Britta Borgardt: Adult A1.2 Beginner Wednesdays 6:00-8:30 PM and Saturdays 9:00-11:30 AM, May 24, 31, June 3, 7, 10, 14	<input type="checkbox"/>
<b>Adults:</b>	Frau Margit Mollhoff: Traveler's German – Schnupperkurs any language level, any age Thursdays 7:30-10 PM July 6, 13, 20, 27, August 3, 10	<input type="checkbox"/>

**Student Name:**

**Age**

**Level of Proficiency**




**Contact Information**

<b>Name</b>	<input type="text"/>		
<b>Address</b>	<input type="text"/>		
<b>Cell Phone</b>	<input type="text"/>	<b>Home Phone</b>	<input type="text"/>
<b>Email</b>	<input type="text"/>		
<b>Emergency Contact</b>	<input type="text"/>	<b>Relationship</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>		
<b>Cell Phone</b>	<input type="text"/>	<b>Home Phone</b>	<input type="text"/>
<b>Email</b>	<input type="text"/>		

**TO REGISTER, PLEASE COMPLETE THIS FORM AND EMAIL TO: [info@germanschooldallas.com](mailto:info@germanschooldallas.com)**

**OR PRINT AND SEND TO: The German School of Dallas, Post Office Box 793388, Dallas, TX 75379**

**PAYMENT IS DUE WITH REGISTRATION**

**To pay via Zelle, send payment to:**

THE GERMAN SCHOOL OF DALLAS  
[info@germanschooldallas.com](mailto:info@germanschooldallas.com)

(Please include the student's name on memo line)

**Send check to:**

The German School of Dallas  
Post Office Box 793388  
Dallas, TX 75379

**Photo Release Agreement:**

I/We hereby permit the school to use photos or any other media format of me/us in school related papers such as brochures, the school website or in newsletters. (PLEASE CHECK ONE) YES  NO

**DISCLAIMER**

By submitting this registration you agree to the following terms:

I/We agree to assume all responsibility for compliance with the rules and regulations imposed by The German School of Dallas.

I/We, being parent(s) or legal guardian(s) hereby acknowledge that The German School of Dallas is not responsible for any bodily injuries while the students attend class or on the church property.

If a child presents a severe discipline problem, the teacher will discuss this with a responsible parent/guardian. If necessary, the school reserves the right to dismiss such a student.

The Medical Treatment Authorization and Consent Agreement is designed for those situations where children and/or minors are unaccompanied by either parents or legal guardians. It gives authority to a designated adult to arrange for medical care for a child and/or minor in the event of an emergency. Medical care cannot be provided to a child and/or minor without approval by the parents or legal guardians, unless you are declaring your consent by submitting this form.

I/We, being parent(s) or legal guardian(s) do hereby authorize a representative of The German School of Dallas or such substitute as he/she may designate as agent of the school to consent to any X-Ray, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the registered student named child and/or minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and/or surgeon, licensed under the Provision of Medicine Practice Act or of any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, or elsewhere.

**I accept disclaimer** (Please type your name. It serves as your digital signature.)

**Signature**

**Date** MM/DD/YY

**How did you hear about us?**