



# The German School of Dallas

## Registration Form

### Spring Semester 2022

Pre K / K      Age(s):        **\$315 + \$20 reg. fee**

Children & Teens      Age(s):        **\$395 + \$20 reg. fee**

Adults:      Beginner I       Beginner II       Intermediate       Advanced        **\$395 + \$20 reg. fee**

**The registration fee per student will be waived if registered and paid before 12/31/21.**

| Student Name:          | Child DOB <small>MM/DD/YYYY</small> | Level of Proficiency |
|------------------------|-------------------------------------|----------------------|
| 1 <input type="text"/> | <input type="text"/>                | <input type="text"/> |
| 2 <input type="text"/> | <input type="text"/>                | <input type="text"/> |
| 3 <input type="text"/> | <input type="text"/>                | <input type="text"/> |

#### Contact Information

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

#### 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

#### Are you a member of the German American Club?

YES       NO       I would like to receive more info about the German American Club

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

#### 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

**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?**