

REGISTRATION FORM

Instructions



- Complete one form for each student and indicate all registered classes.
- Please complete all sections

Parent e-mail address for communication purposes: _____

Student Information		
First and Last Name (including nickname if applicable with Czech diacritic)		Age
Birthdate (DD/MM/YYYY)	Place of Birth (City and Country)	
Citizenship	Czech Birth Certificate (if applicable)	
Gender Female Male		
Mailing Address (with postal code)		
Telephone Home	Cell	
Siblings		
First and Last Name	Age	Attending Czech School Yes No
First and Last Name	Age	Attending Czech School Yes No
Authorized Persons for Pick-up		
First, Last Name, Relationship, Phone Number		
First, Last Name, Relationship, Phone Number		
Religious or ethnic observances Yes No If yes, indicate any considerations		
Family Languages		
Language mostly spoken with Mother	Father	
Within Family	Other spoken languages	

Completed Education (Please list all schools attended)			
School Name	City and Country	From	To
Alternate Emergency Contact			
First and Last Name and Relationship			
Telephone Home	Cell	Email	
Mailing Address (with postal code)			
Medical Information			
Alberta Health Care Number		Allergies	
Requires Epi-Pen Yes No		Medication	
Family Physician		Telephone	
Special medical or emotional condition including learning and behaviour Yes No			
Mandatory Vaccination Yes No			
Your signature gives the school permission to contact a physician or ambulance if you cannot be contacted or during an emergency.			
Date (DD/MM/YYYY)		Student/Parent/Guardian's Signature	
_____		_____	
Parent/Guardian Information			
Communication Language preference: Czech English			
Father's First and Last Name			

Mailing Address (if different and with postal code)		
Telephone Home	Cell	Email
Mother's First and Last Name		
Mailing Address (if different and with Postal Code)		
Telephone Home	Cell	Email



Volunteer Commitment

We are highly committed to very low school fees. Friends and family are encouraged to participate in school activities as volunteers. Student/Parent/Guardian's Initials _____

School Activities Location

I agree that my child may participate in school activities located outside the regular classroom. **Yes No**

Media Release

I agree with capturing photos and videos during school activities. They are created to document students' achievements and promote our school. Photos and videos are used in various media. **Yes No**

Student/Parent/Guardian's Signature _____

School Fees

- **Siblings discount is 50% of the established fee (if there are two different tuition fees, discount is taken from the lower fee)**
- Fees cover tuition, supplies, administrative fees including rent, and teacher honoraria
- One free trial is available for all families
- Teacher's permission required for registration after October.

#	<input type="checkbox"/>	Program	Fee	Lessons
1		Skupina Krteček Siblings 50% off	\$110 \$ 55	Two Saturdays a month 9.30 - 10.30
2		General Program	\$220	Two Saturdays a month 9.30 - 11.30
3		General Program – Sibling 50% off	\$110	Two Saturdays a month 9.30 - 11.30
4		Advanced Program	\$110	One Saturday a month 9.30 - 11.30
5		Advanced Program – Sibling 50% off	\$55	One Saturday a month 9.30- 11.30
6		Both – General and Advanced	\$330	Three Saturdays a month

7	Both – Sibling 50% off	\$165	Three Saturdays a month
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Total payable	\$
Select applicable payment option <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> E-transfer	
For office: Payment received on (DD/MM/YYYY)	by (print name)

General Consent

The personal information is collected for the school registration under the Alberta’s Freedom of Information and Protection of Privacy Act (FOIP) and the Canadian Charter of Rights and Freedoms, Section 23. This information is used to establish a student record, to provide a safe and secure school including class placement, and to access contact and health information in case of problems or emergencies.

I, the undersigned, hereby represent that I have the legal authority to register the child. I declare the information that I have provided on this form is complete and accurate. I will notify the school of any information changes on this form.

Registration Date (DD/MM/YYYY)

Parent/Guardian’s Signature

RELEASE OF LIABILITY WAIVER

RELEASE OF LIABILITY WAIVER FORM FOR ACTIVITIES, CLASSES, AND OTHER PROGRAMS BY THE CZECH HERITAGE LANGUAGE SOCIETY

CZECH HERITAGE LANGUAGE SOCIETY OF EDMONTON reserves the right to cancel or withdraw a registration of a group based on improper behavior and conduct of child participant and/or parent.

In consideration for allowing myself or child to participate in programs and other activities at or sponsored by the Czech Heritage Language Society and further in consideration of the society allowing me and/or my child to enter and use the facilities owned, leased or otherwise provided by the Czech Heritage Language Society (the "Facilities") undersigned, for myself and for my child and his/her parents, heirs, assigns, personal and legal representatives and estate, fully and completely releases, discharges and holds harmless the Czech Heritage Language Society, and its directors, trustees, officers, employees, agents, insurers, instructors, coaches, caregivers, and volunteers (collectively "its agents and employees") from any and all claims, actions, causes of action, and damages of any kind whatsoever, including but not limited to claims for personal injury or property damage, arising out of myself and/or my child's participation in any program or activity at the Czech Heritage Language Society or the Facilities.

The undersigned acknowledges and recognizes there are inherent risks involved in certain activities or recreational activities at the society and the Facilities and the undersigned and myself or my child assumes the risk of any injury sustained while at the Czech Heritage Language Society or at the Facilities. The undersigned agrees to indemnify, defend and hold harmless the Czech Heritage Language Society and its agents and employees from any and all claims arising out of my child's participation in any program or activity at the society or the Facilities, even if such claim arises as a result of a negligent act or omission of the Czech Heritage Language Society or its agents and employees.

Parent Signature: _____ **Date:** _____

Emergency Contact: _____ Phone: () _____

PHOTOGRAPH WAIVER FORM

I give consent for myself or my child to be photographed, videotaped or filmed while participating in Czech Heritage Language Society activities and for the resulting images to be used by Czech Heritage Language Society for promotional purposes. Signature:

Parent Signature: _____ **Date:** _____