**Instructions**

* Complete one form for each student and indicate all registered classes.
* Please complete all sections - student information, emergency contacts, medical information, family contacts, media release and school fees.

|  |
| --- |
| **Student Information** |
| First and Last Name (including nickname if applicable with Czech diacritic)  | Grade Entering  |
| 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 Email |
| **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 NoIf 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 NoMandatory 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 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 with 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 percent of the School Fee.**
* Fees include our school fees, textbooks from the Czech Republic and supplies.
* One free trial is available for kindergarten, elementary class and adult group class.
* Drop-in fees are not available.
* Prorated 5-month semester fee is available for students registering during or after February for kindergarten, elementary class and adult group class.
* Teacher’s permission for registration after October is required for elementary class and adult group class.

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Class** | **Fee** | **Notes** |
| 1 | **Kindergarten** | $280 | Fees compulsory for children over 2-year-old and includes materials |
| 2 | **Elementary Saturday** | $280 | Includes materials from Czech Republic |
| 8 | **Library** | Free | Per family for a school yearA maximum of 5 books borrowed per family for 1-month period with 1 renewal |

|  |  |  |
| --- | --- | --- |
| Total payable  |  |  |
| Select applicable payment option Cash. Cheques (payable to Czech Heritage Language Society of Edmonton E transfer via czechschoolinedmonton@gmail.com  |
| For officePayment 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)

Student/Parent/Guardian’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facebook - Czech School in Edmonton
E-mail: czechschoolinedmonton@gmail.com

Phone: 587 989 9279