



CESKY A SLOVENSKY SVET – CZECH AND SLOVAK SCHOOL OF PITTSBURGH
STUDENT ENROLLMENT FORM -2018/2019

Student's Full Name _____

Date of Birth (mm/dd/yyyy) _____ Gender _____

Student's Age as of September 15th _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Student's level of Czech/or Slovak language (circle one):

1. Speaks fluently and understands everything age appropriate
2. Understands everything age appropriate, does not speak
3. Understands some, does not speak
4. Understands very little to none, does not speak

Mother's Full Name _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____

E-mail _____

Father's Full Name _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____

E-mail _____

Siblings (Please list names, DOB and enrollment status)

Student's Name _____

My child may be released to the person(s) signing this agreement and/or to the following designated person(s):

Name, Address, Relationship

Persons to contact in case of emergency, when parents cannot be reached:

Name, Home Phone #, Cell Phone #, Relationship

_____ () _____ ()
_____ () _____ ()
_____ () _____ ()

Medical information

Child's Physician or Clinic's Name, Telephone #, Insurance Policy/Group #

_____ () _____

Does your child suffer from any allergies (food, beverages, medication, insect bites/stings)? _____

List any illnesses, injuries, hospitalizations within last 12 months:

List any medications your child is currently taking: _____

Does your child have any medical condition we should be aware of? _____

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

PRINT NAME

MOTHER'S SIGNATURE

DATE

PRINT NAME

FATHER'S SIGNATURE

DATE

Student's Name _____

CONSENT FOR EMERGENCY MEDICAL ASSISTANCE

If at any point my child requires urgent medical treatment while at Czech World – Czech School of Pittsburgh (further only Czech World), provided that 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.

Parents' Initials _____

RIGHT TO USE IMAGES

I understand that Czech World/ Friends of VIA may produce or participate in video, motion picture, audio recording, web pages, still photographs, broadcast, social media, and/or other publication which may involve the use of student's images, video or voice. Such productions will be used for non-commercial education, exhibition, or promotional material and will not be sold for any reason. They may be copied copyrighted, edited, and/or distributed by Czech World/ Friends of VIA, in the manner described above. By checking YES, and signing below, I grant Czech World/ Friends of VIA, 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 hereby release Czech World/ Friends of VIA, its agents or its designees from any and all claims for damages or remuneration of any kind based on the use of said materials. I have read the forgoing and fully and completely understand the contents thereof and accept or reject these terms and conditions as indicated below:

_____ YES or _____ NO Parents' Initials _____

SHARING CONTACT INFORMATION

To facilitate car pools, contact between classmates and social interaction among school families, Czech World may share contact information within the school community. Distribution is limited to Czech World families and staff for internal school use only. We will not share your information with any third party groups. 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 contact information. Parents' Initials _____

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS

Czech World admits students of any race, color, religion, 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 on the basis of race, color, religion, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

Parents' Initials _____

PRINT NAME	MOTHER'S SIGNATURE	DATE
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PRINT NAME	FATHER'S SIGNATURE	DATE
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WAIVER OF LIABILITY

Student's Full Name _____

Date of Birth (mm/dd/yyyy) _____

Czech World is an initiative of Friends of Via, a 501(c)(3) nonprofit organization registered in the state of Pennsylvania. In accordance with guidelines approved by Friends of Via, and as a condition of enrollment in the Czech World program, I hereby agree to the following:

I understand and agree that, as a condition of my child(ren) being admitted to Czech World, I shall not hold liable Czech World/Friends of VIA, their employees, directors, officers, volunteers or affiliates for any injury which may occur in connection with the activities of Czech World, 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 our connection with Czech World.

I am aware that by signing I have agreed to assume full legal liability for all rights involved with participation in the Czech World program and further that I have waived certain legal rights, including my right to sue.

I am the parent or legal guardian of the child(ren) named above.

I have read and understood this form in full for the purpose of registering my child/children at Czech World.

I agree to abide by the rules and regulations of Czech World and that my child/children will do the same.

PRINT NAME

MOTHER'S SIGNATURE

DATE

PRINT NAME

FATHER'S SIGNATURE

DATE

CLASS SCHEDULE AND LOCATION

All classes will be held on **Saturdays from 10:00am -12:00 pm** at the Wightman School Community Building, 5604 Solway Street, Pittsburgh, PA 15217-1264.

Fall semester: September 15, 2018 – December 9, 2018

TUITION AND PAYMENT INFORMATION

Tuition for each semester will be **\$80** for children 6mo-5 years and **\$100** for children 6-18 years.

TUITION PAYMENT

Please make checks payable to **Friends of Via**.

You may mail the check to the following address or bring it with you to the first day of class on Saturday, September 15, 2018.

Friends of Via
P.O. Box 82556
Pittsburgh, PA 15218

CONTACT INFORMATION

Email: skola@czechslovakschoolpgh.org

Phone number for inquiries: 412-880-7567

Website: www.czechslovakschoolpgh.org

Facebook page: <https://www.facebook.com/groups/czechschoolofpittsburgh/>

OTHER INFORMATION:

Student's Name _____

Provide any additional information that will help us get to know and understand your child: _____

What language is primarily spoken at home (with mother/with father)? _____

Are there any opportunities for your child to speak Czech/Slovak outside of the classroom (grandparents, friends, etc.)? _____

What language does your child prefer? _____

Any other comments or information that you believe our teachers should know?

What do you expect your child to gain from attending the school?

Thank you for completing the Student Enrollment forms! Please scan/email your completed forms to skola@czechslovakpgh.org or bring them with you to the first day of classes on Saturday, September 15, 2018 at the Wightman School Community Building, 5604 Solway Street, Pittsburgh, PA 15217-1264. We look forward to seeing you there!