

Children's Czech Language Class Registration Form 2016/2017

Student and Parent Information:

Student's First and Last Name: _____

Date of Birth: _____ Age: _____ Place of Birth: _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Choose your class:

Native / Heritage Speakers of Czech

School Children Age 6-13 Saturday 10 AM – 1 PM

School Children Age 6 Wednesday 6 PM – 8 PM

Czech as a Foreign Language

Young Beginners Age 6-12 Saturday 2 PM – 4 PM

Maximum enrollment is 12 students per class. Once our classes reach the maximum enrollment, we will open new sections at an alternate time/day.

In what language do you prefer to communicate with the school? Czech English

Your child's interests and talents (singing, playing a musical instrument, drawing, sports, etc.):

Does your child have any learning or behavioral disabilities? * Yes No

If yes, please explain _____

Does your child have any serious illnesses or allergies? * Yes No

If yes, please explain _____

* This information is shared only with your teacher. It may be helpful to provide contact information for the doctor we should call in a case of emergency.

Parent Questionnaire:

Are you willing to volunteer at our school? Yes No

Do you give us your permission to share pictures of your child on our Facebook page and the school's website? Yes No

Fee for Academic Year: \$150

Paid in full Check # _____ or Cash: \$ _____ Date: _____

1st Installment Check # _____ or Cash: \$ _____ Date: _____

2nd Installment Check # _____ or Cash: \$ _____ Date: _____

Parent's Signature _____ Date: _____

Please complete both sides and send this application to Klára Moldová, 5701 W 22nd Place, Cicero, IL 60804 or email it to: moldova.tgm@gmail.com