



Deutsche Samstagsschule von Nola

Spring 2012 Child Registration

www.deutscheshaus.org

Date of Application: _____

PARENT INFORMATION

Primary Parent Contact Name: _____
 Address: _____ City _____ ST ___ Zip: _____
 Phone: Home _____ Cell: _____ Work: _____
 Email: _____

Secondary Parent Contact Name: _____
 Address: _____ City _____ ST ___ Zip: _____
 Phone: Home _____ Cell: _____ Work: _____
 Email: _____

CHILD INFORMATION

Child's Name: _____ Birth Date: _____ Age: _____
 School: _____ Grade: _____ Gender: _____
 German Language Ability
 Comprehension: None ___ Beg ___ Int ___ Adv ___ Fluent ___
 Speaking: None ___ Beg ___ Int ___ Adv ___ Fluent ___
 Helpful information (allergies etc): _____
 Other Interests/Hobbies: _____

FAMILY INFORMATION

Language(s) spoken (in %): English: _____ German: _____ Other: _____
 Main reason(s) for learning German: _____
 Will someone be able to assist with German homework? Yes ___ No ___
 Parents interested in volunteering at school? Yes ___ No ___
 Parents interested in free English language presentations while children's' classes are in session? Yes ___ No ___ Topic requests _____

EMERGENCY CONTACT INFORMATION (other than parent)

Name: _____ Phone: _____ Relationship: _____
 Physician: _____ Phone: _____

For Office Use Only

Class: Vorschule (ages 3-5) _____ Beginner _____ Teacher _____
 Grundschule (ages 6-8) _____ Intermediate _____
 Mittelschule (ages 9-13) _____ Advanced _____
 Reg Fee: _____ Late Fee: _____ Date Paid: _____ Method of Payment _____