

# German Language School of Morris County, Inc.

P.O. Box 82 Cedar Knolls, NJ 07927  
Phone: (973) 586 3639 Fax: (973) 492 1240  
<http://www.glsmc.org>

## STUDENT REGISTRATION FORM & FAMILY CONTRACT

### Family Information:

Father's Name: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street) (City & State) (Zip)  
E-mail address(es)\*: \_\_\_\_\_

(\*Required: All school information is distributed by e-mail. By withholding an e-mail address or by giving an invalid e-mail address I acknowledge that I will receive only limited communications from GLSMC)

Employer(s): \_\_\_\_\_ Location(s): \_\_\_\_\_  
Telephone Numbers: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_  
How did you find out about GLSMC? \_\_\_\_\_  
Are you interested in volunteering for school activities?  Yes  No If yes, please fill out the GLSMC Volunteer form.  
How did you find out about GLSMC? \_\_\_\_\_ Are you interested in Adult classes?  Yes  No

### Emergency & Medical Information:

Contact other than parent: \_\_\_\_\_  
(Name, relationship to student, area code & phone number)

Other numbers at which parent(s) can be reached during school session:  
\_\_\_\_\_  
(Cell phone #1) (Cell phone #2) (Pager) (Other)

List any medications taken or any special medical conditions: \_\_\_\_\_  
\_\_\_\_\_  
(Use additional page, if necessary)

### Student Information:

Student Names:	Application Date: ____/____/20____	Enrollment* (circle one):	Date(s) of Birth: mm/dd/yyyy	School Grade in September
_____ (Last) (First) (M.I.)		S - F	____/____/____	_____
	Place of Birth: _____ City Country	Nationality/Nationalities		
_____ (Last) (First) (M.I.)		S - F	____/____/____	_____
	Place of Birth: _____ City Country	Nationality/Nationalities		
_____ (Last) (First) (M.I.)		S - F	____/____/____	_____
	Place of Birth: _____ City Country	Nationality/Nationalities		

\*S = Semester (15 weeks) F = Full Plan (30 weeks)

### German Background:

Are there any German speakers in your household?  Yes  No  
If yes please specify:  Father  Mother  Sibling  Other (e.g. Grandmother, nanny) \_\_\_\_\_  
What is the primary language used in your household?  German  English  Other (please specify): \_\_\_\_\_  
German is your child's (children's):  First language  Second language  Foreign language.  
How many years of formal German language schooling does/do your child/children have? \_\_\_\_\_

**German Background Continued:**

If your child/children has/have received formal German language schooling, what types has/have he/she/they received?

- Weekend German language school     High school German language classes     Middle school German language classes
- School in Germany     Other, please specify: \_\_\_\_\_

How often does your family visit Germany and when was the last time that the family went to Germany? \_\_\_\_\_

What are the most important reasons you send your child/children to German language school?

Please prioritize from 1 (most important) to 7 (least important):

- \_\_\_ To improve reading German.
- \_\_\_ To improve writing German.
- \_\_\_ To improve speaking and listening to German.
- \_\_\_ To meet other children with the same interest/background.
- \_\_\_ To learn about German culture and festivities.
- \_\_\_ To have fun.
- \_\_\_ To be able to go to school or study in Germany.

**Liability Waiver:**

GLSMC is a non-profit organization. As a condition of enrollment, parents / guardians agree to the following: **We understand and agree, as a condition of our child(ren) being accepted at GLSMC, that we shall not hold liable GLSMC, its employees, officers, trustees, volunteers, agents or assistance for any injury which may occur in connection with any activity of the GLSMC before, during or after school hours or involving any event, gathering or occasion that we and/or our child(ren) attend as a result of our connection with the GLSMC.**

\_\_\_\_\_ Parent/Guardian Initials

**Refund Policy for Children:**

Refunds are given in full, minus an activity fee of \$35, if student(s) are withdrawn prior to the start of the first session of the school year. All AP students must enroll for a full year. For withdrawal dates after the 1st session, but prior to the start of the 16th session, refunds are given only to non-AP student(s) and if the student(s) was (were) enrolled in the Full-Plan, in an amount equal to the difference between Full-Plan and Semester-Plan, minus an administrative fee of \$35. No refunds of any kind are given for withdrawals after the start of the 16th session. The date of withdrawal is that date on which notification of withdrawal reaches the Principal of the GLSMC.

**Terms and Conditions:**

- **Tuition is due on or before the Registration Date (first day of class).** Failure to pay by commencement of school year will incur a late-fee of \$ 25 per month. Consideration for Installment Payments will be handled by the Board on a case-by-case basis.
- Tuition and fees are subject to change without notice. All unpaid tuition and fees at the time of any change would be subject to the new prices.
- All books are included in the tuition. Lost books can be replaced for a fee of \$35.
- A fee of \$35 will be charged for a bounced check for any reason.

**Telephone Directory:**

To facilitate car pools, contact between classmates about homework, and social interaction among school families, from time to time GLSMC publishes a Telephone Directory. Distribution is restricted to GLSMC families for internal school use only. If your family wishes to DECLINE publication in the GLSMC Directory, please indicate by checking off the following statement:

- DO NOT include our family information in the GLSMC Directory.**

**Calculation of Tuition Due (Please consult Rate Sheet):**

	Rate	minus	Application Discount		
Student #1	(\$ _____ )	—	(\$ _____ )	=	(\$ _____ )
Student #2	(\$ _____ )	—	(\$ _____ )	=	(\$ _____ )
Student #3	(\$ _____ )	—	(\$ _____ )	=	(\$ _____ )
			<b>Total:</b>	=	(\$ _____ )

Payment by Check #: \_\_\_\_\_

I/We ACKNOWLEDGE that I/we have read and understood fully the above Student Registration Form & Family Contract, including the Liability Waiver, and I/we am/are aware that by signing I/we have agreed to assume full legal liability for all risks involved in our participation in this Program and, further, that I/we have waived certain legal rights.

Parent / Guardian Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

(Registrants, please retain one copy for your records.)



# German Language School of Morris County

## Ehrenamtliches Engagment / Volunteers

### *Liebe Eltern,*

Als gemeinnützige Organisation sind wir auf ehrenamtliches Engagement angewiesen. Deshalb möchten wir sie bitten anzugeben, in welchen Bereichen Sie sich einbringen können. Vielen Dank für Ihre Unterstützung!

### *Dear Parents,*

Our school is a non-for-profit organization and is dependent on volunteer work. Please let us know, in which areas you can help out. Thank you very much for your support!

**In which areas can you help out as a volunteer throughout the school year? Please mark at least one area, more are welcome.**

- Class parent to help organize class activities like raffle baskets.
- Helper or substitute teacher in the classroom
- Organizing/planning events
- Helping with set-up, decoration etc. for events
- Preparing/crafting gifts for children like "Schultüten", Christmas present, Easter basket etc.
- Fundraising, Marketing
- Board functions
- Other, please specify : \_\_\_\_\_

**In which of the following areas do you have an interest? Please mark everything you are interested in.**

- Deutsches Sprachdiplom March 2011
- AP exam German May 2011
- Youth conversation class (movies, theatre, books) without test preparation
- Adult classes, if yes, please specify level \_\_\_\_\_
- Toddler (Parent/Child) group
- Summer camp
- Other, please specify : \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Vielen Dank für Ihre Unterstützung!**

**Thank you very much for taking your time to fill out this form!**

### **German Language School of Morris County**

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