



Registration Form

Today's Date: _____

Class desired: Saturday (9:30am-12:30pm at UVic) Tuesday (3:45pm-6pm at UVic)
a \$50 non-refundable registration fee is required at the time of your registration

Surname: _____ **Gender:** F M

First Name: _____ **Birthdate (dd/mm/yyyy):** _____

Full-time School: _____ **Grade in September:** _____

French Immersion: Yes No **Other Languages:** _____

CONTACT INFO

Address: _____ **City:** _____

_____ **Postal Code:** _____

Parent/Guardian: _____ **Tel:** _____

Email: _____ **Cell:** _____

Parent/Guardian: _____ **Tel:** _____

Email: _____ **Cell:** _____

Emergency Contact: _____ **Tel:** _____

Relationship: _____ **Cell:** _____

GERMAN ABILITY

Comprehension: Never Sometimes Always **Spoken:** Never Sometimes Always

Reading: Never Sometimes Always **Writing:** Never Sometimes Always

Child Answers in German: Never Sometimes Always

To what extent is German spoken at home? _____

Who supports German Language learning outside the classroom? _____

Has the child spent any time in German speaking countries? _____

OTHER INFORMATION

Is there anything the School or teacher should know about your child (medical, food, etc.)? _____

If new to VGS, how did you hear about us? _____

PHOTO RELEASE

I grant to the Victoria German School Society the right to reproduce, use, exhibit, display, and distribute the photographed images of me and/or my child/children for use in connection with the activities of the Victoria German School.

The grant includes the right to publish such images in promotional materials, such as fund-raising and any other related publications.

These images may appear in any of the wide variety of formats and media including class film projects, monthly VGS newsletters, online and print. Student names will be kept confidential and images will not be labeled.

I have read the above carefully and I

give permission do not give permission

MEDICAL INFORMATION AND RELEASE FORM

Student's Name _____ Birthdate (mm/dd/yyyy) _____

Family Doctor _____ Phone _____

Child Care Card Number _____

Does your child have any medical conditions, allergies or other special needs that we should be aware of?

I give permission to the Victoria German School, operated by the Victoria German School Society, to administer medication to my child:

Yes _____ No _____ (If yes, please state below)

Please state specific instructions:

Authorization and Release

In the event of an accident or illness involving my child while he/she is attending the Victoria German School, I hereby authorize the administration of any medical procedure deemed necessary by the child's physician, or any other physician selected by the Victoria German School, if my physician is not available. I also give permission for my child to be transported to the physician's office, or the hospital, with no liability on the driver's part. An ambulance may be called to transport my child to the hospital if necessary.

I agree to this authorization and release and will not hold the Victoria German School Society and any persons associated with the Victoria German School Society responsible for any procedures or treatments rendered in good faith. The medical information and release form is part and parcel of the 'Victoria German School Society' Release, Waiver of Liability and Indemnity Agreement'.

I have read and understand this medical release.

Parent/Guardian/Adult Student Name (please print clearly) _____

Signature _____ Date _____

Tuition*: 2016/17 Tuition is **\$575/year** plus a \$50 registration fee** for all classes other than Sprachdiploma tuition which is **\$600/year** plus a \$50 registration fee**. Classes may have textbook and workbook fees.

Payment Options (select one): Full Monthly Post-Dated Cheques * 2 Installments (Sept/Jan)

**Please post date cheques for the 1st of the month.*

**Tuition fees are due by the first day of classes. Fees do not include the non-refundable \$50 registration fee*

*** We offer a 15% sibling discount which is \$86.25 off of the 2nd registration.*

I would like to donate to the VGS. Amount: \$ _____ (a charitable tax receipt will be issued)

OFFICE USE

Tuition Fee*: _____ Fully Paid: Partial: **Forms**: Medical Waiver Photo

Registration Fee received: **Fundraising Levy** received: