

Comenium, the Czech and Slovak Preservation Society

Children Language School (Greater Philadelphia Area)

Meets on Saturdays 1:30-3:30pm at Trinity Episcopal Church, 708 Bethlehem Pike, Ambler PA 19002

Contact Info: Barbora Luzna, 610-247-4195, czskcomenium@yahoo.com; www.comenium.org



Please remit registration form to Comenium management at first day of school with the annual registration fee \$160/child by check (3rd and subsequent children 50 % discount).

Student Registration Form, School Year 2014-2015

About the child (one form per child please):

First Name: _____ Last Name: _____

Birthday (mm/dd/yyyy): _____

Allergies (food, medication):

-
-
-

Language proficiency (select one):

- Passive knowledge (understands most, difficulty speaking)
- Active (understands & speaks but doesn't read or write)
- Active Literate (understands, speaks, reads, writes)

What else should we know about the child (health, special needs)?

-
-
-

Parents/Guardians:

1. First Name: _____ Last Name: _____ Phone #: _____

2. First Name: _____ Last Name: _____ Phone #: _____

Email contact 1: _____ Email contact 2: _____

Mailing Address:

Emergency Contact(s):

1. First Name: _____ Last Name: _____ Phone #: _____

2. First Name: _____ Last Name: _____ Phone #: _____

Agreement to publish photos on social media (FB, Comenium.org etc) – Opt-out is required

- I wish to opt-out of having photos of my child published by Comenium

Adults, other than parents listed above, authorized to pick up child:

1. Name: _____

2. Name: _____

3. Name: _____

Parent's initial: _____

Consent for emergency medical assistance:

If at any point my child requires emergency medical treatment while at Comenium, and if I cannot be reached immediately in person, or any of the emergency contacts, I hereby give permission to Comenium staff, the doctor-on-call or medical personnel to make necessary and required decisions, incl. calling 911 for emergency medical assistance.
Parent’s initial: _____

Sharing contact information

To facilitate contact between children and to foster the sense of community, Comenium may occasionally share contact information between families. Distribution is limited to Comenium staff and participating families. If you wish to OPT-OUT and NOT have your contact information shared, please check the opt-out option below.

- Do NOT share my contact information

Parent’s initial: _____

Rights to Use Images

I understand that Comenium may produce or participate in video, motion picture, audio recording, web pages, photographs, broadcast, social media, and/or other publications which may involve the students’ likeness or voice. Such production will be used for non commercial education, exhibition or promotion, and will not be sold for any reason. They may be copied, copyrighted, edited, and/or distributed by Comenium. By checking yes below and signing I understand that I grant Comenium the right to use and re-use those materials containing my child’s image or voice in any manner. I waive the right of prior approval and hereby release Comenium, its agents or its designees, from any and all claims of damages, or remuneration of any kind based on the use of the said materials. I have read the foregoing and fully understand the contents thereof and accept or reject these terms and conditions as indicated below.

- YES
- NO

Parent’s initial _____

Notice of Non Discriminatory Policy

Comenium admits students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities available to students at school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, scholarship and loan programs, and athletic and other school administered programs.

Parent’s initial _____

WAIVER OF LIABILITY

Child’s Name and Date of birth: _____

Comenium is a not-for-profit organization. As a condition to enrollment I hereby agree to:
I understand and agree that, as a condition to my child being accepted to Comenium School, I shall not hold liable Comenium LLC or the Trinity Episcopal Church, their employees, directors, officers, volunteers or agents for any injury which may occur in connection with activity provided by Comenium before, during or after school hours, or involving any event, gathering, or occasion that I and/or my child attends as a result of connection with Comenium. I am aware that by signing below I agree to assume full legal liability for all risks involved in a participation in Comenium program, and further that I waive certain legal rights, including my right to sue.

I am the parent or legal guardian of this child.

Name Printed: _____

Parent’s signature: _____

Date: _____