



German Language School Ottawa



Registration Form for 2011/2012 School Year

Des Pins – 1487 Ridgebrook Dr, Gloucester K1B 4K6

Section A – Student Information

Please print

Student 1 (select 1 below)

Playgroup JK – Grade 8
Membership Fee: **\$150**

Student 2 (select 1 below)

Playgroup JK – Grade 8
Membership Fee: **\$100**

Student 3 (select 1 below)

Playgroup JK – Grade 8
Membership Fee: **\$70**

First name			
Last name			
DoB (yyyy/mm/dd)			
Age/ Gender	_____ years <input type="checkbox"/> M <input type="checkbox"/> F	_____ years <input type="checkbox"/> M <input type="checkbox"/> F	_____ years <input type="checkbox"/> M <input type="checkbox"/> F
This year's GLS level			
Knowledge of German	<input type="checkbox"/> None <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent <input type="checkbox"/> Attended GLS last year	<input type="checkbox"/> None <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent <input type="checkbox"/> Attended GLS last year	<input type="checkbox"/> None <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent <input type="checkbox"/> Attended GLS last year
School attended during the week			
Grade			
My child has allergies	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify:	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify:	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify:
Describe allergies if applicable			
OHIP # (or other health insurance)	<input type="checkbox"/> Out of province: _____ Number: _____	<input type="checkbox"/> Out of province: _____ Number: _____	<input type="checkbox"/> Out of province: _____ Number: _____

Section B – Parent / Guardian

Parent / Guardian 1

Parent / Guardian 2

same address as parent / guardian 1

First name		
Last name		
Street		
City		
Province		
Postal code		
Phone number (during school hours)	<input type="checkbox"/> Home <input type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> Cell
Email address		

QUESTIONS ABOUT THE GLS?

Please visit our website at www.glsottawa.ca or call 1-877-799-7400

GLS is a Non-Profit Organization incorporated in Ontario.

Section C – Emergency Contact Information

Number to reach you during GLS class hours (Saturday 9:30 – 12:00)

If unavailable at the phone numbers above, please contact the following person	First name	Phone Number
	Last name	Relationship to child

Section D – Volunteering

The German Language School runs on PARENT VOLUNTEER power!

Parent Volunteers help make the school more successful and enjoyable for the children and yourself. Please indicate where you can help	<input type="checkbox"/> Volunteer time at coffee table	<input type="checkbox"/> Bake a cake or cookies for the coffee table
	<input type="checkbox"/> Volunteer time at coffee table special events	<input type="checkbox"/> Volunteer time in the library
	<input type="checkbox"/> Participate on Parent Council/Board	<input type="checkbox"/> German-speaking classroom assistant
	<input type="checkbox"/> Other: _____	

Section E – Acknowledgement

Parent / Guardian 1 or 2

Total fee for school year	Add up the fee for all children listed in section 'A' \$ _____ (If paying by cheque, please make payable to GLS OTTAWA)	
Picture taking	I grant permission to have student's picture taken during school events (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments	How did you hear about our school? <input type="checkbox"/> Referral <input type="checkbox"/> Internet <input type="checkbox"/> GLS Flyer <input type="checkbox"/> Other, please specify below Provide any additional comments, feedback or suggestions you may have:	
Signature		
Date (yyyy/mm/dd)		
Tax Receipt (should be issued to:)	Name (first + last): _____ email: _____	<input type="checkbox"/> Same as guardian 1 <input type="checkbox"/> Same as guardian 2

Section F – Administrative use only

Please do not write in this area

Fee for school year paid <input type="checkbox"/> No <input type="checkbox"/> Yes Amount: _____ <input type="checkbox"/> Out of province Date: _____	Membership Number: _____ Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> PayPal Notes: _____
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