



DANK Chicago South and Suburban, Inc.
and the Frankfort-Mokena Germanic Heritage Society
 25249 S. Center Road, Frankfort, IL 815-464-1514 www.dankchicagosouth.org

DANK Chicago South German Language School
STUDENT REGISTRATION FORM 2009/10

Family Last Name _____ Parent Name(s) _____

Address _____ City _____ Zip _____

(____) _____
 Home Telephone _____ Other Phone _____

Email Address _____

Is German spoken in the home? ___ Yes ___ No If yes, who in the family speaks German? _____

Are you a DANK Member? ___ Yes ___ No ___ Membership application attached _____

<u>Student Name</u>	<u>Date of Birth</u>	<u>Grade in School</u>	<u>Years of German instruction/type</u>
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

Do any children have allergies? (if so, please list) _____
 Emergency Contact – Name and number of a person we can contact during school if parents cannot be reached. _____

Name _____ Phone _____ Relationship _____

I want my child(ren) to attend the DANK Chicago South German Language School. I waive, release and forever discharge any and all claims against the DANK Chicago South German Language School and its staff for damages or injury which may occur to my child(ren) or myself.

Adults and children may be photographed and videotaped by DANK School staff or their representatives in the course of DANK school activities. The image may be used, without accompanying personal identification, in DANK publicity. If you have concerns about this policy, please contact DANK school staff.

Signature Parent/ Guardian _____ Date _____

For office use only

Tuition Due: _____ Paid: Amt _____ Check # _____ Date: _____