



# GERMAN SCHOOL OF SAN FRANCISCO

A N O N - P R O F I T C O R P O R A T I O N

P.O. BOX 29132 • SAN FRANCISCO, CA 94129 • (415) 586-9060  
 www.germanschool.com • info@germanschool.com

## REGISTRATION FORM

|             |        |      |          |
|-------------|--------|------|----------|
| Family Name | Street | City | Zip Code |
|             |        |      |          |

### INFORMATION FOR CHILDREN

| First Name<br>(Include last name if different from family name) | Date of Birth | School/Pre-School | Grade              | German Knowledge |
|---|---------------|-------------------|--------------------|------------------|
|   |               |                   |                    |                  |
|   |               |                   |                    |                  |
|   |               |                   |                    |                  |
|   |               |                   |                    |                  |
| Father's Name   | Occupation    | Home Phone        | Cell or Work Phone | email            |
|   |               |                   |                    |                  |
| Mother's Name   | Occupation    | Home Phone        | Cell or Work Phone | email            |
|   |               |                   |                    |                  |

### INFORMATION FOR ADULT STUDENTS

|               |                  |                         |                    |       |
|---------------|------------------|-------------------------|--------------------|-------|
| First Name    | Occupation       | Home Phone              | Cell or Work Phone | email |
|               |                  |                         |                    |       |
| Date of Birth | German Knowledge | Previous German Classes |                    |       |
|               |                  |                         |                    |       |

### NOTIFY IN CASE OF AN EMERGENCY

|    |       |               |        |
|----|-------|---------------|--------|
| 1. | Name: | Relationship: | Phone: |
|    |       |               |        |
| 2. | Name: | Relationship: | Phone: |
|    |       |               |        |



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## MEDICAL AUTHORIZATION:

I hereby authorize the physician listed below or any other qualified physician to treat me and/or my child(ren) in the case of an emergency while attending the German School of San Francisco

|                   |                  |
|-------------------|------------------|
| Physician's Name: | Phone:           |
| Ins. Carrier:     | Subscriber Name: |
| Subscriber ID#:   | Group#:          |

Please list allergies and unusual conditions of which we should be aware of or any other special instructions:

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In the event of a major disaster, if we, the undersigned parents are unable to pick the children listed above up from school, we do hereby authorize the German School of San Francisco to delegate the responsibility to the following friend, neighbor or relative:

|    |          |    |          |
|----|----------|----|----------|
| 1. | Name:    | 2. | Name:    |
|    | Address: |    | Address: |
|    | Phone:   |    | Phone:   |

(Please make sure you inform them that you have chosen them. In an emergency, they need to know.)

List All Persons Authorized to Pick Up Your Child(ren):

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## EMERGENCY INFORMATION AND CONSENT FORM

This form authorizes the German School of San Francisco to take whatever emergency steps necessary.

### Consent for Medical Treatment

As the Parent, Legal Guardian or Agency Representative, I hereby give consent to the German School of San Francisco to provide all emergency medical or dental care prescribed by a duly licensed physician (MD) or dentist (DDS) for my child(ren). This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent.

The above is correct to the best of my knowledge. I agree to abide by the rules and regulations of the German School of San Francisco.

Signature of Parent /Guardian \_\_\_\_\_ Date \_\_\_\_\_