DEUTSCHE SAMSTAGSSCHULE HAMPSTEAD

GERMAN SATURDAY SCHOOL HAMPSTEAD

**Registration form**

Please complete one form for each child and send the registration fee in the amount of £10 to the bank account below.

|  |  |
| --- | --- |
| Child’s first and last name: |  |
| Date of Birth: |  |
|  |  |
| Name of the parent completing the form: |  |
| Address (incl. Postcode): |  |
| Telephone number: |  |
| Email of the parent completing the form: |  |
|  |  |
| Name, email and telephone number of the other parent or another contact person (optional): |  |

**Personal details regarding the child:**

1) Does the child understand German?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | very well |  | well |  | a little |  | not at all |

2) Does the child speak German?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | very well |  | well |  | a little |  | not at all |

3) Does the child read German?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | very well |  | well |  | a little |  | not at all |

4) Does the child write German?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | very well |  | well |  | a little |  | not at all |

5) Has your child ever had German tuition, either at school or privately?

|  |  |  |  |
| --- | --- | --- | --- |
|  | yes |  | No |

if yes, please describe

|  |
| --- |
|  |

Any allergies, physical, mental or learning difficulties?

|  |
| --- |
|  |

Any other relevant information?

|  |
| --- |
|  |

**Signature of the parent completing the form:**

I am prepared to participate in playtime supervision at least once per term.

|  |
| --- |
|  |

**Please return the completed form to:** dsshampstead@gmail.com

**Please transfer the registration fee of £10 to our Treasurer:**

Bank Nat West

Sort code: 50-42-37

Account name: Julia Giese

Account number: 61742716

reference: Anmeldung + name of the child