



Contract for Membership and Enrollment

PLEASE COMPLETE IN PRINT LETTERS

SOUTH BAY DEUTSCHER SCHULVEREIN

MEMBER

Last Name:	_____	Home Phone:	(____) _____
First Name:	_____	Work Phone:	(____) _____
Address:	_____	Cell Phone:	(____) _____
	_____	e-mail:	_____

STUDENT(S)

The member himself/herself [This family already has _____ student(s) enrolled in SBDS.]

Please enter other/additional students below. For minors the date of birth must be indicated.

First and Last Name:	Date of Birth: (MM/DD/YYYY)	Kinship:
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____
4. _____	4. _____	4. _____

EMERGENCY CONTACT

The person to be contacted in case of emergency

Name:	_____	Kinship:	_____
Address:	_____	Home Phone:	(____) _____
	_____	Work Phone:	(____) _____
	_____	Cell Phone:	(____) _____

TUITIONS AND FEES

Annual Registration Fee: \$30

Tuition per Semester: First Student: \$250 Second Student: \$210 Third Student: \$180

Discounts are given only to the members of the same family, i.e. spouses, sons, and daughters. All tuitions and fees are due on the first school day of the semester. Tuitions and fees are non-refundable.

I understand that the annual registration fee is charged for the duration of one school year regardless of the enrollment date, and each semester's tuition is charged separately.

I affirm that I am the legal guardian of the minor(s) that is/are enrolled in the school by me.

Signature

Date

SBDS Representative