



**Deutsche Sprachschule Berkeley / BAKS+**  
 German afterschool classes for grades K-12  
 A program of Bay Area Kinderstube

**Mailing Address**  
 842 Key Route Blvd., Albany, CA 94706  
 Phone: 510-525-3105  
**Class Location in Berkeley**  
 1953 Hopkins St.  
 Berkeley, CA 94707  
**Class Location in Pleasant Hill**  
 3051 Putnam Blvd.  
 Pleasant Hill, CA 94523

## 2017/2018 Enrollment Application

### I. PROGRAM SCHEDULE AND HOURS

The school year **2017/2018** is in session from **September 5, 2017**, through **June 11, 2018**.  
 Berkeley classes are held at Epworth United Methodist Church, 1953 Hopkins Street, Berkeley.  
 Pleasant Hill classes are held at St. Marks Church, 3051 Putnam Blvd., Pleasant Hill.

BERKELEY CLASSES		
Kindergartengruppe	Tuesday	3:30–6:00 pm
Kindergartengruppe	Thursday	3:30–6:00 pm
Deutschgruppe 1	Monday	3:30–6:00 pm
Deutschgruppe 1	Wednesday	3:30–6:00 pm
Deutschgruppe 2	Tuesday	3:30–6:00 pm
Deutschgruppe 2	Thursday	3:30–6:00 pm
Deutschgruppe 3	Monday	3:30–6:00 pm
Deutschgruppe 3/4	Thursday	3:30–6:00 pm
Deutschgruppe 4	Tuesday	3:30–6:00 pm
Deutschgruppe 5	Monday	3:30–6:00 pm
Deutschgruppe 5	Thursday	3:30–6:00 pm
Deutschgruppe 6	Tuesday	3:30–6:00 pm
Deutschgruppe 7	Monday	3:30–6:00 pm
Deutschgruppe 8	Wednesday	3:30–6:00 pm
Deutschgruppe 9	Monday	6:30–8:45 pm
Deutschgruppe AP Prep	Tuesday	6:30–8:45 pm
Deutschgruppe DSD 2 Prep (Sept.–Jan.)	Tuesday	6:30–8:45 pm

PLEASANT HILL CLASSES		
Kindergartengruppe	Wednesday	3:30–6:00 pm
Deutschgruppe 1	Wednesday	3:30–6:00 pm
Deutschgruppe 3	Wednesday	3:30–6:00 pm
Deutschgruppe 5/6	Monday	3:30–6:00 pm
Deutschgruppe 7/8	Monday	3:30–6:00 pm
Deutschgruppe AP Prep	Monday	6:30–8:45 pm
Deutschgruppe DSD2 Prep (Sept.–Jan.)	Monday	6:30–8:45 pm

If a class does not have enough students enrolled by the start of the school year, the class may be cancelled. Class days and times are subject to change.

## II. TUITION AND FEES

Tuition for BAKS+ classes is as follows:

TUITION			
	First Child	Second Child	Third Child
<b>Tues, Wed, Thurs class</b>	9 × \$132 = <b>\$1,188</b> (or \$1,140 before Sept 8)	9 × \$119 = <b>\$1,071</b> (or \$1,026 before Sept 8)	9 × \$106 = <b>\$954</b> (or \$912 before Sept 8)
<b>Monday class</b>	9 × \$118 = <b>\$1,062</b> (or \$1,017 before Sept 8)	9 × \$106 = <b>\$954</b> (or \$915 before Sept 8)	9 × \$94 = <b>\$846</b> (or \$814 before Sept 8)
<b>DSD2 prep (Sept-Jan)</b>	5 × \$128 = <b>\$640</b> (or \$615 before Sept 8)	5 × \$115 = <b>\$575</b> (or \$554 before Sept 8)	5 × \$103 = <b>\$515</b> (or \$492 before Sept 8)

Tuition can be paid in nine monthly installments at the beginning of the months **September 2017 to May 2018** (for DSD2 classes, five monthly installments at the beginning of the months September 2017 to January 2018). Families that prepay tuition—i.e. pay tuition for the year in full by September 8, 2017—will receive a 4% discount (discounted tuition shown in parentheses above).

Annual tuition for Monday classes is lower because Monday classes meet four fewer times per year: Monday classes will not meet on Labor Day, New Year's Day (Monday classes will go until June 11 to make up for this class), Martin Luther King Day, Presidents Day, or Memorial Day. The tuition for the DSD2 prep course reflects that this class runs only September to January (5 months). Siblings in the After School Program receive a monthly discount of 10% for the first additional sibling, 20% for the second additional sibling, 30% for the third additional sibling, etc. Discounts apply to the sibling(s) with lower tuition(s).

The non-refundable Enrollment Fee is **\$20 (\$ 40 after June 12)** per student. The non-refundable Materials Fee is **\$60** per student per class. The Enrollment Fee covers the administration and processing of new and returning students. The Materials Fee helps defray the costs of supplies, testing fees, and materials for classes.

In addition, there is a **\$120** deposit for new students. If the student enrolls in the After School Program for the next school year, the deposit will carry over to the next year. If the student leaves the program at the end of the school year, the deposit is refundable. If the student withdraws from enrollment before the end of the school year (after receipt of signed Declaration of Consent), the deposit is forfeited. AP students who don't release their AP test results to BAKS+ will also forfeit their deposit. The Tuition, Enrollment, and Materials Fees are non-transferable and non-refundable.

### III. APPLICATION PROCEDURE

To apply for a place in a BAKS+ class for the school year **2017/2018**, please return the following:

- Declaration of Consent Form and attached forms: Identification and Emergency Information Form, Consent for Emergency Medical Treatment Form, Walking Field Trip Permission Form Release for Media/Public Relations Purposes. **Forms that are not completely filled out will not be accepted.**
- Deposit: **\$120** (for new students)
- Non-refundable Enrollment Fee: **\$20** (per student) before June 12, 2017, **\$ 40** (per student) after June 12, 2017
- Non-refundable Materials Fee: **\$60** (per class)

**Applications postmarked (or hand-delivered) by May 19:** Students will be added to the class lists in order of the following priority groups: (1) current BAKS+ students enrolling in their current class/cohort; (2) current BAKS+ students wanting to switch to a class at a different location or on a different day of the week; (3) current Kinderstube students, siblings of current BAKS+/Kinderstube students, and former BAKS+/Kinderstube students returning to the program after an absence of two years or less; and (4) any other new students. New students who are the children of BAKS+/Kinderstube contracted staff will be in priority group 3 or 4 as appropriate, but will have first priority within that group. New students who are on the waitlist for a class will be in priority group 3 or 4 as appropriate, but will have first priority in that group, after the children of contracted staff. If more students have applied by the May 19 postmark date than there are spots in a class, the order that applicants are placed on the class list (and waitlist) will be determined by lottery among qualified students within each priority group sequentially.

**Applications postmarked after May 19:** Qualified students will be added to class/wait lists strictly in order of postmark date (priority groups no longer apply after May 19).

If a child does not receive a place in a class, the parent will be notified, and, if the parent chooses, the child will be put on the waitlist, in which case the check for the deposit, enrollment fee, and materials fee will be held, but not cashed, unless/until a spot opens up.

By signing and returning the Declaration of Consent pages of this Enrollment Contract, the person financially responsible is bound for the school year 2017/2018, from September 5, 2017, to June 11, 2018.

### IV. LATE TUITION PAYMENTS

BAKS+ encourages families to pay the annual tuition in full at the beginning of the year, and families doing so will receive a 4% tuition discount (as described above). For students choosing to pay tuition in monthly installments, tuition statements will be sent via email by the last week of each month. Tuition must be paid on time even if your child is absent due to illness or vacation. Tuition must be received by the school or the bookkeeper on the first business day of each month. If you do not receive a statement, you are still required to remit the amount for which you have agreed on your enrollment contract. Any other fees not covered in your payment will be posted in your next statement without incurring a late fee penalty.

A late payment fee of **\$10** will be charged for all tuition payments received after 5:30 pm on the 8<sup>th</sup> day of each month. In the event the school is not open on this date, tuition must be paid no later than 5:30 pm on the last business day before this date. If paying electronically, please keep in mind that your bank may take 3–5 days to process the payment. If tuition is not received by the end of the month for which it is due, BAKS+ reserves the right to exclude your child from the program. A penalty of **\$30** will be charged for a returned check. Tuition fees are non-transferable and non-refundable.

**V. UNEXPECTED WITHDRAWAL FROM ENROLLMENT**

If after signing and returning the Declaration of Consent, you withdraw your child from BAKS+ for any reason, you forfeit the **\$120** deposit and remain liable for the **payment of all months remaining in the school year** until and unless a replacement can be found for your child's spot.

**VI. HOLIDAYS AND SCHOOL CLOSURES**

There will be no BAKS+ classes on the following holidays/vacation days:

Labor Day	September 4, 2017
Thanksgiving Break	November 20–24, 2017
Christmas Break	December 18–29, 2017
New Year's Day	January 1, 2018
Martin Luther King Day	January 15, 2018
President's Day	February 19, 2018
Memorial Day	May 28, 2018

**VII. LATE PICK-UP FEE**

A failure to pick up your child on time may result in a Late Pick-up Fee of \$1 per minute.

# BAKS<sup>(plus)</sup>

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## 2017/2018 Declaration of Consent

Please return pages 5–8 along with all required fees. Keep pages 1-4 for your records.

Fill in the program(s) in which you are enrolling your child(ren).

TUITION			
	First Child	Second Child	Third Child
<b>Tues, Wed, Thurs class</b>	<b>\$1,188</b>	<b>\$1,071</b>	<b>\$954</b>
<b>Monday class</b>	<b>\$1,062</b>	<b>\$954</b>	<b>\$846</b>
<b>DSD2 prep (Sept-Jan)</b>	<b>\$640</b>	<b>\$575</b>	<b>\$515</b>
Name of Student #1		Date of Birth	Place of Birth
Class	Day	Location	Tuition
Name of Student #2		Date of Birth	Place of Birth
Class	Day	Location	Tuition
Name of Student #3		Date of Birth	Place of Birth
Class	Day	Location	Tuition
<b>Total contracted tuition for school year 2017/2018</b>			<b>\$</b>

FEES		
Deposit (\$120 for new students)		\$
Annual Enrollment Fee	_____ children x <b>\$20</b> (before June 12, 2017) _____ children x <b>\$40</b> (after June 12, 2017)	\$
Annual Materials Fee	_____ total classes x <b>\$60/class</b>	\$
<b>Total payment due with contract</b>		<b>\$</b>

## AGREEMENT

I/We have carefully read the above contract and agree to pay the full tuition for my/our child(ren) for the BAKS+ After School Program based on the schedule of fees for the school year **2017/2018**. I/We understand that the Enrollment and Materials Fees are non-refundable. Monthly tuition installments are payable on the 1<sup>st</sup> of each month starting September 1, 2017. I/We understand that there will be a late fee of **\$10** assessed for each payment received later than the 8<sup>th</sup> of each month. A **\$30** fee is charged for each returned check.

I/We further agree to release and hold harmless Bay Area Kinderstube, Bay Area Kinderstube After School Program, its Board of Directors, Staff, Teachers, donors, volunteers, agents, and landlord of the school premises from any and all personal injury, losses, damages, liabilities and any associated claims that may arise out of the operation of the program. Nothing in this waiver shall be construed to bar any claim for intentional misconduct or gross negligence.

The contract is valid only if signed below by the person financially responsible, by a parent/guardian (if different from the person financially responsible), and by a BAKS+ Director.

\_\_\_\_\_  
Signature of person financially responsible

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of person financially responsible

\_\_\_\_\_  
Signature of parent/guardian (if different from above)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of parent/guardian

\_\_\_\_\_  
Received by Sylvia Klein/Heike Feltes, BAKS+ Directors

\_\_\_\_\_  
Date

### BILLING ADDRESS of PERSON FINANCIALLY RESPONSIBLE

<b>Name</b>			
<b>Street Address</b>			
<b>City, State, Zip</b>			
<b>Home phone number</b>		<b>Work phone number</b>	
<b>Email (statements are emailed every month)</b>			



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## Release for Media/Public Relations Purposes For School Year 2017/2018

Throughout the school year our staff takes pictures of our children in their activities. We occasionally use these pictures in our promotional and PR materials. The release below allows us to use your child's picture for such purposes.

RELEASE FOR MEDIA/PUBLIC RELATIONS PURPOSES	
<p>I authorize Bay Area Kinderstube After School Program (BAKS+) to photograph or permit other persons to photograph my child listed below or myself while participating in school activities. I give my permission to BAKS and its staff and external media permission to publish, print, and broadcast my images, including on the program's website and/or the BAKS plus Facebook page. I understand that my identity or my child's identity might be revealed through these photographs.</p> <p>I waive the right to any compensation and hold BAKS+ and their designees harmless from and against any claim for injury and/or compensation resulting from the activities authorized by the release.</p> <p>The term "photograph," as used in this release shall mean motion picture or still photography (any format), as well as videotape, DVD, and any other mechanical means of recording or reproducing images.</p>	
<hr/> Name of child(ren)	
<hr/> Signature of parent or legal guardian	<hr/> Date
<hr/> Printed name of parent or legal guardian	



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## Walking Field Trip Permission Form

As part of the after school program BAKS+, classes may go to the local playground or other outside area for breaks, and may occasionally go on a short walking trip in the school area in order to provide enrichment experiences relevant to curriculum studies. Teachers always conduct and supervise such trips.

In lieu of requesting written permission each time, we ask that you sign one permission form for the 2017–2018 school year. You will be notified of any other field trips that require transportation and will be required to sign a separate permission form for such trips.

WALKING FIELD TRIP PERMISSION FORM	
<p>I hereby give permission for my child(ren) to accompany his/her teacher and classmates on walking field trips in the neighbourhood or to the nearby playground during the school year 2017–2018.</p> <p>The school has my permission, in an emergency when I (or my physician) cannot be contacted, to take my child to the emergency room at the nearest hospital. The hospital and its medical staff have my authorization to provide treatment that a physician deems necessary for the well-being of my child. I understand and agree that I will be responsible for the emergency medical charges.</p> <p>I agree to waive all claims against Bay Area Kinderstube, and hold the school, its officers, and employees, harmless from any and all liability or claims which may arise out of or in connection with my child's participation in this activity.</p>	
<hr/>	
Name of child(ren)	
<hr/>	
Signature of parent or legal guardian	<hr/>
<hr/>	Date
<hr/>	
Printed name of parent or legal guardian	
<hr/>	



# IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE (    )
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
BIRTHDATE					BUSINESS TELEPHONE (    )
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME					BUSINESS TELEPHONE (    )
LAST					MIDDLE
FIRST					BUSINESS TELEPHONE (    )
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE (    )					BUSINESS TELEPHONE (    )
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME					BUSINESS TELEPHONE (    )
LAST					MIDDLE
FIRST					BUSINESS TELEPHONE (    )
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE (    )					BUSINESS TELEPHONE (    )
PERSON RESPONSIBLE FOR CHILD					BUSINESS TELEPHONE (    )
LAST NAME					MIDDLE
FIRST					HOME TELEPHONE (    )

### ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

### PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE (    )
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE (    )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

- CALL EMERGENCY HOSPITAL     
  OTHER     
 EXPLAIN: \_\_\_\_\_

### NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
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### TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
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# CONSENT FOR EMERGENCY MEDICAL TREATMENT Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO \_\_\_\_\_ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE

FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR \_\_\_\_\_ . THIS CARE MAY BE GIVEN UNDER

NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

One out-of-state (or if no out of state relative, out of town) contact phone number and email address is to be used as an intermediary for communications in the event that parents/guardians cannot be reached directly.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Signature

Date

Home Address

Home Phone

Work Phone