





# SERBIAN CULTURAL CENTER SAN DIEGO SCHOOL OF SERBIAN LANGUAGE AND CULTURE

10531 4S Commons Dr # 645, San Diego CA 92127/ (858) 304- 0448/ [serbianccsd@yahoo.com](mailto:serbianccsd@yahoo.com)/ [www.serbianccsd.org](http://www.serbianccsd.org)

## PARENT AND STUDENT RESPONSIBILITIES

1. Enrollment for the school year of 2021/22 can be done in a few ways:

1. Mailing the completed Enrollment Form with the check to:  
Serbian Cultural Center San Diego, 10531 4S Commons Dr. # 645, San Diego, CA. 92127.
2. Forms can be sent to [serbianccsd@yahoo.com](mailto:serbianccsd@yahoo.com). Check can be mailed separately to the address listed above.

Checks should be payable to Serbian Cultural Center San Diego (no abbreviations please) The Parent and Student Responsibilities form should be signed by parents and students (please read to the younger students the Student Behavior Handbook). Please fill out for each student the Liability Waiver and the Emergency Form,

2. Return check policy \$ 25.00 will be charged for all returned checks and declined credit cards,

3 Serbian Cultural Center San Diego (SCCSD) -School of Serbian of Language and Culture is a non-profit educational organization and it has the responsibility to provide appropriate instruction for all students. On campus classes will be held on Saturdays from 1:15 pm to 3:45 pm for the full-time students (ages 3+) and from 3:00 pm to 3:45 pm for the part-time students (ages 3-6) in San Diego French-American School, 6550 Soledad Mountain Rd, La Jolla, CA, 92037. Online School will take place on Sundays from 12:00 to 2:00 pm (ages 7+), and from 2:30 to 3:15pm (ages 3+). Individual classes are available upon request.

4. Photo/Video Permission\* ( ) I give permission ( ) I do not give permission

- 1/ For the school Program to include my child in the photo or video material used on SCCSD's web page and/or in SCCSD's advertising materials.
2. All photo and video material made at SCCSD's class meetings, recitals and picnics is owned by SCCSD and is not permitted to be published without consent from SCCSD.
3. This includes, but is not limited to, publishing material on the internet, YouTube, Facebook etc.
4. The use of the material for private purposes and for sharing within the closest circle of family and friends is permitted.

5. Student Responsibility: Everyone has the right to feel physically and emotionally safe in our school . I will do everything I can personally, as a member of my school's community, to create and preserve a physically and emotionally safe environment. I commit that I will not bully my peers. When I witness bullying, I will report it to an adult (Parent, Teacher or Board Member). I will show respect to all teachers and students at all times.

Parent Name (Please print): \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_



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## WAIVER OF LIABILITY

By signing this document, you have waived certain legal rights, including the right to sue.

NAME OF STUDENT \_\_\_\_\_ NAME OF PARENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

BY PARENT(S) OR LEGAL GUARDIAN(S) OF MINOR CHILD

In consideration of being allowed to participate in all and any way in the Children's Program related Events and Activities in the Serbian Cultural Center - San Diego, the undersigned parent(s) or legal guardian(s) of the minor child named above acknowledges, understands, and agrees that:

...normal and usual classroom, hallway, yard, playground and lunch room activities have certain inherent risks to physical injury to participants. I want my child to participate in Serbian School's (the "Organization") sponsored lectures, activities and events (the "Activities"), and I assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child or ward or I may sustain as a result of said participation. I give my unqualified permission and consent for my child to participate in the Activities.

I, on behalf of my child, hereby, indemnify, release, hold harmless and forever discharge the Organization and its agents, employees, officers, directors, affiliates, successors and assigns, of any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I or my child ever had or may have, arising from or in any way related to my child's participation in any Activities conducted by, on the premises of, or for the benefit of, the Organization; provided, that this waiver of liability does not apply to any acts of willful, intentional or wanton misconduct.

This Authorization & Waiver is binding upon me, my heirs, executors, legal representatives, successors and assigns. The provisions of this Authorization & Waiver will continue in full force and effect even after the termination of the Activities conducted by, on the premises of, or for the benefit of, the Organization, whether by agreement, by operation of law, or otherwise.

This Authorization & Waiver is governed by the laws of the State of California and is intended to be as broad and inclusive as is permitted by that law. If any provision of this Authorization & Waiver is held invalid or unenforceable by a court of competent jurisdiction, the remaining provisions will continue to be fully effective.

This Authorization & Waiver contains the entire agreement between the parties and supersedes any prior written or oral agreements between them concerning the subject matter of this Authorization & Waiver. The provisions of this Authorization & Waiver may be waived, altered, amended or repealed, in whole or in part, only upon the prior written consent of all parties.

I am of lawful age and legally competent to sign this Authorization & Waiver. I understand the terms of this Authorization & Waiver and I have willingly signed it as my own free act.

Parent Signature:: \_\_\_\_\_

Date: \_\_\_\_\_



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## EMERGENCY INFORMATION

Student's name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_

e-mail : \_\_\_\_\_

Telephone number/numbers where parent/guardian can be reached on Saturday morning:

\_\_\_\_\_  
\_\_\_\_\_

Child's known allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Child's physician: \_\_\_\_\_ Phone number \_\_\_\_\_

The above child can be released after school to the following persons:

\_\_\_\_\_  
\_\_\_\_\_

### Emergency Consent Form

If your child needs emergency medical care and you aren't available to give formal consent to medical authorities, care may be unnecessarily delayed.

I/We hereby authorize the principal/teacher to give consent for all medical and/or surgical treatment that maybe required for our child after reasonable attempts have been made to contact me/us. I/We understand that the School of Serbian Language and Culture, its employees and its Board assume no liability of any nature in relation to the transportation or treatment of the said minor. All medical fees will be the responsibility of the parent/guardian.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date