



REGISTRATION FORM

GEMS WORLD ACADEMY CHICAGO

AFTER SCHOOL PROGRAM

04/23/19 - 06/11/19

Student name: _____

DOB: _____ Male Female Grade: _____

Parent/guardian 1: _____ Parent/guardian 2: _____

Address (Street, City, State, Zip)

Parent email: _____

Parent phone: _____

I hereby confirm that the student mentioned above is currently enrolled at GEMS World Academy Chicago.

I understand that the fee for attending this after school program is \$160 per child and it must be paid to the Goethe-Institut Chicago via check, credit or debit card by April 23, 2019. Payments can be made via phone (312-263-0472) or in person.

Date: _____ Signature parent/guardian: _____

Please return this form by April 20, 2019 via email

to: Theresa Fuchs

theresa.fuchs@goethe.de

Language Consultant

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INSTITUT**

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