



# Language Class Registration Form



PLEASE PRINT CLEARLY

Term 1, 24 January - 17 March, Cost: \$90 / \$25 for Single Airmen

**Student Info**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Best phone #: \_\_\_\_\_

**Sponsor Info**

First name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Duty Phone: \_\_\_\_\_

**Please circle your choice**

<u>German 1 Lunch</u> Mon-Thu, 1000-1050, CR-1, Gudrun Garcia	<b>A</b>	<u>German 2 Night</u> Mon & Wed, 1700-1845, CR-1, Gudrun Garcia	<b>F</b>
<u>German 3 Lunch</u> Mon - Thu, 1100-1150, CR-1, Gudrun Garcia	<b>B</b>	<u>French 1 Night</u> Mon & Wed, 1900-2045, MPR 412, Robert Bels	<b>G</b>
<u>German 2 Lunch</u> Mon-Thu, 1200-1250, CR-1, Gudrun Garcia	<b>C</b>	<u>French 2 Night</u> Tue & Thu, 1700-1845, CR-1, 412, Robert Bels	<b>H</b>
<u>German 1 Night</u> Mon & Wed, 1700-1845, MPR 412 Robert Bels	<b>D</b>		
<u>German 3 Night</u> Tue & Thu, 1700-1845, MPR 412, Gudrun Garcia	<b>E</b>		

**Please read and initial:**

- Classes are held in person if not otherwise determined.
- \_\_\_ Children may not be brought to class or left unattended in the building during class time.
- \_\_\_ Students must be 18 years of age or older.
- \_\_\_ A non-refundable administrative fee of \$25 will be assessed for withdrawals.
- \_\_\_ Deadline for withdrawals is 3 days prior to start of class - no refunds can be given after Deadline.
- \_\_\_ **\*\*Full refunds only for PCS, TDY, or deployment prior to start of class – copy of orders required. Refunds must be collected within 30 days after approval.**
- \_\_\_ **\*\*Partial refund only for PCS, TDY, or deployments during term – prorated at \$11.25 per remaining full week. Refunds must be collected within 30 days after approval.**

Email to [86fss.ramsteincommunitycenter@us.af.mil](mailto:86fss.ramsteincommunitycenter@us.af.mil) will be accepted until 19 Jan 2022 via email. If registering after this date please bring in your form or fill the form out at the front desk in building 412 **\*\*Must have Director/Assistant Director approval before conducting refunds\*\***

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

**FOR COMMUNITY CENTER EMPLOYEES USE ONLY**

Course (Letter) \_\_\_\_\_ RecTracRcpt #: \_\_\_\_\_ Amount Paid \_\_\_\_\_ German/French Book \_\_\_\_\_  
 Payment (circle one): cash check cc – last 4 \_\_\_\_\_ Employee's Initials: \_\_\_\_\_