



CHICOS' REGISTRATION (School age)

Student's name _____

Nickname: _____ Gender: M F Age _____

Parents' name _____

Phone #s: Home _____ Work _____ Cell _____

Email address (main) _____

New student Current student Former student

Referred by: _____

Program: **Chicos at-** Larson'sLC Central Park SVdP Time _____

Lessons- Private Semi-Private Day _____ Time _____

Session: _____ Summer _____ Fall _____ Winter or School year _____

Start date _____

Language to be learned _____

How motivated is your child to attend the program? 0 1 2 3 4 ?
Circle a number or question mark. (not) (very) (don't know)

If you circled the question mark, please explain _____

School/Preschool child attends _____

Grade your child is in: PreK K 1st 2nd 3rd 4th 5th 6th 7th

Payment plan: Full Payment _____ or Monthly Payments _____ (see Page 5 Agreement)

Enclosed please find \$ _____ check cash

Signature of parent or guardian Date _____

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For Office Use Only

Class ID _____ Instructor _____

Entered: Add. B. _____ Exc. _____ Inv # _____ and date sent _____

Target completion date for class _____

Forms received in person _____ by mail _____ Date _____



CHILD'S PERSONAL DATA SHEET

Date _____

1. Name of child _____ Birth date _____

Home Address _____

City _____ State _____ Zip _____

Phone _____

Mother's name _____

Phone #s: Home _____ Work _____ Cell _____

Email address _____

Employer _____ Work hours _____

Father's name _____

Phone #s: Home _____ Work _____ Cell _____

Email address _____

Employer _____ Work hours _____

Why do you want your child to learn a second language? _____

If we have to change the existing schedule what other day and time would you prefer?

Day _____ Time _____

Signature of parent or guardian _____ Date _____



2. Other contact in case of emergency:

Name _____ Relationship _____

Phone #: Home _____ Work _____ Cell _____

Address _____

City _____ State _____ Zip _____

Is this person authorized to take the child from the center? _____

List all other adults who are authorized to take the child from the center:

_____	_____	_____	_____
Name	Relationship	Name	Relationship

_____	_____
Address	Address

_____	_____	_____	_____
City	State	Zip	City
			State
			Zip

_____	_____
Phone	Phone

3. Medical information:

Child's Physician or emergency treatment facility _____

Address _____ City _____ State _____ Zip _____

Phone _____

I, _____ (father/mother/guardian) of _____ (Child's name) do hereby give my consent to the Director of Larson's Language Center, or her duly appointed representative, for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parents cannot be reached. Consent is also given for the director or her duly appointed representative to transport said child for emergency medical treatment, if the parents cannot be reached.

Signature _____ Date _____ Witness _____ Date _____

I hereby give ___ /do not give ___ the Director of the Larson's Language Center, or her appointed representative permission to give _____ (Child's name) acetaminophen. I understand I will be notified that the medication has been administered.

Signature _____ Date _____



4. **Immunizations:** Please provide a copy of Immunization Records, if you home-school your child.

5. **Disease History: List the dates of each:**

Measles _____ Mumps _____ German Measles _____
Chicken Pox _____ Whooping Cough _____
Contracted Tuberculosis: Yes _____ No _____ Frequent Ear Infections: Yes _____ No _____
Frequent Throat Infection: Yes _____ No _____ Defective Heart: Yes _____ No _____
Other Conditions or Comments _____

5. **Child's developmental needs:**

Physical or emotional problems the child might have:

Child's special food needs: Formula _____ Diabetic diet _____
Allergies _____

Special problems: Medications _____
Allergies _____ Temper Tantrums _____ Diabetes _____ Frequent colds _____
Biting _____ Sun Sensitivity _____ Seizures _____ Fainting Spells _____ Bed wetting _____
Other _____

Favorite: Games _____ Toys _____ Foods _____

Siblings. Yes _____ No _____ Name(s) _____

Other useful information _____

6. I, the parent or guardian of this child, understand that I may ask for a conference with the Director and/or instructors as needed.

Signature of parent or guardian Date _____

Additional comments:

Child Interviews

In accordance with Arkansas Department of Health and Human Services, Division of Child Care and Early Childhood Education, Child Care Licensing Unit licensing requirements:

“Parents shall be informed in writing upon enrollment of their children that children may be subject to interviews by licensing staff, child maltreatment investigators and/or law enforcement officials for the purpose of determining licensing compliance or for investigative purposes. (Child interviews do not require parental notice or consent.)”

Sign here to indicate that you have read the preceding statement.

Signature of parent or guardian Date: _____



AGREEMENTS BETWEEN LARSON'S LANGUAGE CENTER AND THE STUDENT'S PARENT

I, _____ parent of _____ who is studying _____:

- 1. Agree that student will be encouraged to participate in various activities outside of class where the second language is involved; for example, viewing TV programs and videos, using library programs, computer programs and books.
2. Agree to advise us if the student is unable to attend the program, even at the last minute.
3. Agree that when the school districts of cities in Benton or Washington County are closed our classes will be cancelled and made up at a later date.
4. Agree to notify Larson's Language Center within five weeks of the final class as to whether I will continue with the next program.
5. Agree that Registration is not refundable, and Tuition is only refundable 5 weeks prior to the start date.
6. Agree that if you make monthly payments you are still responsible for the entire cost of Tuition. Consecutive payments are due by the first day of the following months.

The signing of this agreement indicates that everything is well understood.

Signature of parent or guardian Date: _____

Only for private lessons:

- 1. Agree to spend time studying the lessons and completing the homework.
2. If a private class has to be cancelled, this must be done with at least 48 hours notice, if not the class must be paid for. The only exception is weather.

The signing of this agreement indicates that everything is well understood.

Signature of parent or guardian Date: _____



PARENT'S CONSENT FOR PHOTOGRAPHY

Do we have your permission to include your child or children in photos or videos for TV or Newspaper coverage of our programs, or for promotional purposes? _____

I _____ will allow Larson's Language Center to include my child, _____ in photographs or videotape documenting our program activities for informational or promotional purposes.

Signature of parent or guardian Date: _____

OUR DISCIPLINE POLICY

Larson's Language Center uses the following methods of discipline:

- RULES ARE ESTABLISHED FOR THE BENEFIT OF THE CHILDREN
- POSITIVE RE-ENFORCEMENT WILL BE USED
- RE-DIRECTIONS WILL BE GIVEN TO THE CHILDREN.
- IF INAPPROPRIATE BEHAVIOR CONTINUES, A TIMEOUT MAY BE USED.

I have read and understand the discipline policy of Larson's Language Center. I give my permission for the use of all methods set out above.

Signature of parent or guardian Date: _____

If the parent or guardian disagrees with any disciplinary method above, please list method preferred:

Signature of parent or guardian Date: _____

PLEASE NOTE: Physical punishment shall not be administered to children.
(Minimum Licensing Requirements for Child Care Centers 500.2)
(Minimum Licensing Requirements for Day Care Family Homes 501.1)