



SUMMER CLUB 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: \_\_\_\_\_

Session:  July 5-8  July 11-15  July 18-22  July 25-29  Aug. 1-5

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 \_\_\_\_\_

Are one/both parents able to read some Spanish?  Yes  No  
Are one/both parents able to speak some Spanish?  Yes  No

School/Preschool child attends \_\_\_\_\_

Grade your child is in: K 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup>

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

Enclosed please find \$ \_\_\_\_\_  check  cash

\_\_\_\_\_  
Signature of parent or guardian Date \_\_\_\_\_

For Office Use Only

Class ID \_\_\_\_\_ Instructor \_\_\_\_\_

Entered in Add. B. G\_ I\_C\_ Exc. C. \_\_\_\_\_ Exc. D. \_\_\_\_\_ 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 #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

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

Employer \_\_\_\_\_ Work hours \_\_\_\_\_

Father's name \_\_\_\_\_

Phone #: 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 \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Signature of parent or guardian



*Larson's Language Center*



**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)