CHICOS/PRIVATE LESSONS' REGISTRATION –SCHOOL AGE

Student's name_____

☐ New student (Referred by: _____) ☐ Current student ☐ Former student

☐ **PLEASE CHECK HERE IF ALL CONTACT INFORMATION IS THE SAME AS PREVIOUS**
(If checked above, you do not need to fill out contact info again below in box)

Nickname: _____ Gender: M F Age _____
Parents' name_____
Phone #s: Home_____ Work_____ Cell _____
Email address (main)_____
Email address (secondary)_____

PROGRAM:
Chicos at: □ Larson's LC □ Central Park □ SVDP Time _____

Lessons: □ Private □ Semi-Private Day_____ Time _____

Session: _____Fall _____Winter or School year _____

Start date: ☐ August 2012 ☐Other _____
Language to be learned: Spanish

- 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 (☐Mom ☐Dad) ☐No
- Are one/ both parents able to **speak** some Spanish? ☐Yes (☐Mom ☐Dad) ☐No

School/Preschool child attends:_____
Home Room Teacher's Name: _____
Grade your child is in: PreK K 1st 2nd 3rd 4th 5th 6th 7th

Payment plan: Full Payment_____ or Monthly Payments_____
Enclosed please find $ _____ ☐check #_____ ☐cash ☐credit/debit card

X_____ Date _____
Signature of parent or guardian

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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

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 _____

X _____ Date _____

Signature of parent or guardian

2. OTHER CONTACT IN CASE OF EMERGENCY:

Name _____ Relationship_____

Phone #s: Home_____ Work_____ Cell _____

Address _____

City _____ State _____ Zip _____

Is this person authorized to take the child from the center/class? Yes ☐ No ☐

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 X_____ Date _____

Witness X_____ 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 X_____ Date _____

4. IMMUNIZATIONS: Please provide a copy of your Child's Immunization Records. (If your child is in one of our programs held outside of our school, we do not need Immunization Records)
Verified by Health Department Record _____ Physician's Record _____ Other_____

5. CLINIC 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 _____

6. SPECIAL NEEDS:
Medications _____
ALLERGIES _____
Temper Tantrums ____ Diabetes_____Frequent colds _____ Biting _____ Sun Sensitivity _____Seizures _____
Fainting Spells _____ Bed wetting _____Other _____

Child's special food needs: Formula _____Diabetic diet _____
ALLERGIES _____

7. CHILD'S DEVELOPMENTAL NEEDS:
Has your child experienced or exhibited any physical, mental, emotional, physiological, or behavioral needs?
Yes ____ No _____

If Yes, describe in detail:
_____
_____

If Yes, has the child received any treatment or therapy related to these needs? Please explain in detail:
_____
_____

8. OTHER INFORMATION ABOUT YOUR CHILD:

Favorite: Games _____ Toys _____ Foods _____
Siblings: Yes_____ No _____ Name(s)_____
Other useful information: _____

9. ADDITIONAL COMMENTS:
_____
_____
_____
_____

10.CONFERENCE REQUESTS:

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

X_____ Date _____
Signature of parent or guardian

11.PARENT'S CONSENT FOR PHOTOGRAPHY:

Do we have your permission to include your child in photos or videos for TV or Newspaper coverage of our programs for promotional purposes, a school yearbook, or to distribute a picture CD to the parents as a gift?
(These pictures and articles may or may not include your child's name. Additionally, the pictures and/or videos could be used by LLC in subsequent years.)

□Yes □No

X_____ Date: _____
Signature of parent or guardian

12. 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 a weather related cancelation.

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

X_____ Date: _____
Signature of parent or guardian

OUR DISCIPLINE POLICY

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

- RULES ARE ESTABLISHED FOR THE BENFIT OF THE CHILDREN
- POSITIVE RE-ENFORMENT WILL BE USED
- RE-DIRECTIONS WILL BE GIVEN TO THE CHILDREN.
- IF INAPPROPIATE 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.

X_____ Date: _____
Signature of parent or guardian

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

_____
_____
_____

X_____ Date: _____
Signature of parent or guardian

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)