



CHINESE CLUB/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:

Chinese Club at: Larson's LC Time _____

Lessons: Private Semi-Private Day _____ Time _____

Session: _____ Fall _____ Winter or School year _____

Start date: _____

Language to be learned= **Chinese**

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 Chinese? Yes No
Are one/both parents able to speak some Chinese? Yes 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 _____ (see Page 5 Agreement)

Enclosed please find \$ _____ check # _____ cash

(X) _____ Date _____
Signature of parent or guardian

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

Today's 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 _____

_____ 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? **Yes** **No**

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

_____ Name	_____ Relationship	_____ Name	_____ Relationship
_____ Address		_____ Address	
_____ City	_____ State	_____ City	_____ State
_____ Zip		_____ 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 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. 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 _____

6. 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: _____

Does your child require help in:

Dressing _____ Un-dressing _____ Toileting _____ Eating _____ Washing hands _____

Is child toilet trained? _____ Words used in toileting _____

Type of child care used before: _____

Does your child take a nap? _____ At what time? _____ For how long? _____

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

_____ Date _____

Signature of parent or guardian

Additional comments:



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 notify Larson's Language Center prior to class start time via e-mail or telephone if the student is unable to attend school/program, even if the notification is "last minute".
3. Agree that when the school district of Rogers is closed (for weather, holidays, etc.), Chinese Club classes will be cancelled and made up at a later date. (Note** Chinese Club held in Bentonville will be canceled if Bentonville school or district is closed.)
4. Agree to notify Larson's Language Center within five weeks of the final class as to whether or not the student will attend the NEXT SESSION of Chinese Club.
5. Agree that registration fee 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.

X _____ Date: _____

Signature of parent or guardian

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



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? Yes No

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

_____ Date: _____
Signature of parent or guardian

OUR DISCIPLINE POLICY

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

- RULES ARE ESTABLISHED FOR THE BENEFIT OF THE CHILDREN
- POSITIVE RE-ENFORMENT 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.

_____ Date: _____
Signature of parent or guardian

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

_____ 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)