



LARSON'S LANGUAGE CENTER

1730 W. Poplar St. Rogers, AR 72758
(479) 633-9900



ENROLLMENT APPLICATION SUMMER CAMP & CLUB REGISTRATION - **SCHOOL AGE** (2, 4, 6 or 8 Weeks - Monday thru Thursday)

Student's name _____ Nickname: _____
 Gender: M F D.O.B. _____ Age of child by program start date: _____
Mother's contact information
 Name _____ Cell # _____
 Home phone _____ Work phone _____
 Email (primary) _____ (secondary) _____
Father's contact information
 Name _____ Cell # _____
 Home phone _____ Work phone _____
 Email (primary) _____ (secondary) _____
 Current student Former student New student (Referred by: _____)

Sessions: Ses. #1 June 6-16 Ses. #2 June 20-30 Ses. #3 July 5-14 Ses. #4 July 19-29

Length: Camp (9am - 3pm) Camp and care (7:30 am - 5:30 pm)

Language to be learned: **Spanish**

Previous Education in language to be learned (Where, how long, etc.?) Explain. _____

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? Mom Dad None

Are one/both parents able to speak some Spanish? Mom Dad None

School child currently attends: _____

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

Has your child been expelled from a school or in process of expulsion? ___ Yes ___ No

Payment enclosed: \$ _____ Check# _____ Cash Credit card

Are you willing to sponsor a child with a 25% of tuition? ___ Yes ___ No ___ another %

X _____ Date _____
Signature of parent or guardian

For Office Use Only

ADMITTED ___ YES / ___ NO (reason) _____

Class ID _____ Instructor _____ Session # /dates: _____

Payment: Amount: \$ _____ Form of payment _____ Description: _____

Inv # _____ Date sent: _____ Forms received: by _____ Date _____

Entered in: Add. B. ___ Gr ___ Int ___ Catg. ___ Calls ___ Db ___ Hrs. & Prog. ___ Pre-Reg. ___ Att. Rcd. ___ Emer ___



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CHILD'S PERSONAL DATA SHEET

1. NAME OF CHILD _____ **BIRTH DATE** _____

Home Address _____

City _____ State _____ Zip _____ Phone _____

Mother's name _____

Phone #: Home _____ Work _____ Cell _____

Email address (main & secondary) _____

Employer _____ Work hours _____

Father's name _____

Phone #: Home _____ Work _____ Cell _____

Email address (main & secondary) _____

Employer _____ Work hours _____

Does the child live with both parents? _____. IF NOT, indicate the name of the legal parent guardian:

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? Yes No

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

Name Relationship Name Relationship

Address Phone Address Phone

City State Zip City State Zip

_____ Date _____

Signature of parent or guardian



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3. 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 _____

4. CHILD'S DEVELOPMENTAL NEEDS:

Physical or emotional problems the child might have:

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

Special problems: Medications _____

Temper Tantrums ___ Diabetes _____ Frequent colds _____ Biting _____ Sun Sensitivity _____ Seizures _____

Fainting Spells ___ Bed wetting ___ Other _____

ALLERGIES TO MEDICATIONS / FOOD / OTHERS: _____

Favorite: Games _____ Toys _____ Foods _____

Siblings: Yes ___ No ___ Name(s) _____

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

Additional comments and other useful information:

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



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5. 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 _____

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/ibuprofen. I understand I will be notified that the medication has been administered.

Signature _____ Date _____

6. 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. CONFERENCE REQUEST:

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

_____ Date _____

Signature of parent or guardian



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

I, _____ parent/guardian of _____
who is attending _____ Program:

1. Agree that the 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 Larson's Language Center is closed for weather or other unforeseen reason, the class will be made up at a later date.
4. Agree to notify Larson's Language Center within one week of the final class as to whether or not student will attend the NEXT SUMMER SESSION.
5. Agree that the **registration fee** is NOT refundable, and **tuition** is ONLY refundable **3 weeks prior** to the start date.
6. Agree that the entire cost of Tuition is due prior to the program start date.

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

(X)

Signature of parent or guardian

Date: _____



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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, for promotional purposes or to distribute a picture CD to the parents as a gift?

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 501.4)

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.

_____ Date: _____

Signature of parent or guardian