



# LARSON'S LANGUAGE CENTER

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



## ENROLLMENT APPLICATION SUMMER CAMP & CLUB REGISTRATION - **PRESCHOOL 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

Which Preschool is your child currently attending? \_\_\_\_\_

Has your child ever attended another preschool? Which one? \_\_\_\_\_

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

Payment enclosed: \$ \_\_\_\_\_  check  cash

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. 1 & 2 Emer \_\_\_



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## 1. 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 \_\_\_\_\_  
\_\_\_\_\_

## 2. CHILD'S DEVELOPMENTAL NEEDS:

### Physical or emotional problems the child might have:

\_\_\_\_\_

Child's special food needs: Formula \_\_\_\_\_ Diabetic diet \_\_\_\_\_ Other: \_\_\_\_\_

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 require help in:

Dressing \_\_\_\_\_ Un-dressing \_\_\_\_\_ Eating \_\_\_\_\_ Washing hands \_\_\_\_\_ Toileting \_\_\_\_\_

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? \_\_\_\_\_

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

### Additional comments and other useful information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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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:**

_____	Relationship _____	_____	Relationship _____
Name		Name	

_____		_____	
Address		Address	

_____	State _____	Zip _____	_____	State _____	Zip _____
City			City		

_____		_____	
Phone		Phone	

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

Signature of parent or guardian



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### **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 / ibuprofen. 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. CONFERENCE REQUEST:**

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



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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 SESSION.
5. Agree that the **registration fee** is NOT refundable, and **tuition** is ONLY refundable 5 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.**

\_\_\_\_\_ 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, 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



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## 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.

\_\_\_\_\_ 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