



LARSON'S LANGUAGE CENTER

1730 W. Poplar St. Rogers, AR 72758

(479) 633-9900



Enrollment Application - Mustard Seed Children's Academy

Student's name _____ Nickname: _____

Child's Classroom # _____

Gender: M F D.O.B. _____ Age at 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: _____)

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

Home address : _____

Program: **Club de Niños at Mustard Seed C.A.**

Day: **Friday mornings**

Session: Fall Winter Summer Year: 20_____

Start Date: _____

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

Payment plan: ___ Session / ___ Monthly (see page 3 Agreement)

Enclosed please find \$ _____ check # _____ credit card 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

Class ID _____ Instructor _____ Completion date for class: _____

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

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

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



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CHILD'S PERSONAL DATA SHEET

1. NAME OF CHILD _____ **D.O.B.** _____

Mother's name _____

Employer _____ Work hours _____

Father's name _____

Employer _____ Work hours _____

2. SPECIAL NEEDS:

Medications _____

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

Fainting Spells _____ Bed wetting _____ Other _____

Child's special food needs (Like a Diabetic diet): _____

ALLERGIES TO MEDICATIONS/ FOOD / OTHERS _____

3. CHILD'S DEVELOPMENTAL NEEDS:

Has your child experienced or exhibited any physical, mental, emotional, physiological, or behavioral needs? Yes ___ No ___

If YES, please describe in detail: _____

Has the child received any treatment or therapy related to these needs? Please explain in detail:

4. OTHER INFORMATION ABOUT YOUR CHILD:

Favorite: Games _____ Toys _____ Foods _____

Siblings: Yes ___ No ___ (Names) _____

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? Yes ___ No ___ At what time? _____ For how long? _____

5. ADDITIONAL COMMENTS / OTHER USEFUL INFORMATION:

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

Could you describe in a few words your child personality? _____

(X)

Signature of parent or guardian

Date _____



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

I, _____, parent of _____ who is studying _____ hereby agree to the following:

1. Parent agrees to encourage the student 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, books, etc.
2. Parent agrees to email us if the student is unable to attend the program, even at the last minute.
3. Parent agrees that when the school district of Rogers or Bentonville is closed (for weather, holidays, etc.), M.S.C.A Spanish classes may be cancelled and/or made up at a later date.
4. Agree to notify Larson's Language Center within **four weeks** of the final class as to whether or not the student will attend the NEXT SESSION of Spanish at M.S.C.A.
5. 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.
6. Agree that **tuition** is only refundable **3 weeks prior** to the start date.

By signing this agreement, both Parent and Larson's Language Center confirm their mutual agreement of the terms and conditions as set out above.

_____ Date: _____
Signature of parent or guardian

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 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

_____ Date: _____
Signature of parent or guardian