



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 Birth Date _____ Age of child by program start date: _____

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

Home Address _____

City _____ State _____ Zip _____

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

Mother's contact information

Name _____ Cell # _____

Home phone _____ Work phone _____

Email 1 _____ Email 2 _____

Mother's Employer _____ Work hours _____

Father's contact information

Name _____ Cell # _____

Home phone _____ Work phone _____

Email 1 _____ Email 2 _____

Father's Employer _____ Work hours _____

Sessions: Ses. #1 June 3-13 Ses. #2 June 17-27 Ses. #3 July 1-12 Ses. #4 July 15-25

Length: Camp (9am - 3pm) Camp and care (8:30 am - 5:30 pm)

Language to be learned: **Spanish**

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

Payment enclosed: \$ _____ Check# _____ Venmo Zelle Cash Credit C.

Are you willing to sponsor a child with a 30% 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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1. LEARNING MORE ABOUT YOU

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 _____

School child currently attends: _____

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

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

Previous Education in language to be learned _____ yrs. _____ months How often? _____

What language school or program your child attended? _____

Did you children live overseas? Where and for how long? _____

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

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

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	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:

Has your child experienced or exhibited any physical, mental, emotional, physiological, or behavioral needs?

Yes ___ No ___

If YES, please describe in detail: _____

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

Special needs: Medication _____

Temper Tantrums ___ Diabetes ___ Frequent colds ___ 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. IMMUNIZATIONS: Please provide a copy of your Child's Immunization Records.

Verified by Health Department Record _____ Physician's Record _____ Other _____

6. 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 _____

7. 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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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 share Dropbox picture's file to the parents? *(These 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

Initials 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.

Signature of parent or guardian

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

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



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

I, _____ parent/guardian of _____
who is attending the **SUMMER** 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: _____