



Enrollment Application
SCHOOL AGE - GROUP (Clubs & After-school) / PRIVATE LESSONS

1. CHILD'S PERSONAL DATA SHEET

Student's name _____ Nickname: _____
Gender: M F D.O.B. _____ Age (at start date) _____
Mother's contact information
Father's contact information

Language to be learned: _____

PROGRAM: In person Remote

Clubs at: Larson's LC DOCK SVDP Haas Hall (Fay) ABMS (Fay)

Spanish After-school Care: Days _____ Time _____

Lessons: Private Day _____ Time _____

Session: Fall 20 Winter 20 Other

Start date: (MM/DD/YY) Time: _____

School/Preschool child attends: _____

Home Room Teacher's Name: _____

Grade your child is in: PreK K 1st 2nd 3rd 4th 5th 6th 7th 8th or _____

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

If yes, explain the reason: _____

Payment plan: Full(\$ave) / Monthly (See handbook Page 8 and 9)
Payment enclosed: check # credit card cash Venmo Zelle
Signature of parent or guardian Date

For Office Use Only

Class ID _____ Instructor _____ Session dates: Start _____ End _____

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



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? _____

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 the target language? Mom Dad None Some Fluent

Are one/ both parents able to speak the target language? Mom Dad None Some Fluent

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

Is your child in another extracurricular? If yes, which? _____

If we have to change the existing schedule what other day and time would you prefer?

Day _____ Time _____

Could you sponsor a child with a 50% or _____% of tuition? ____ Yes ____ No

2. OTHER CONTACT IN CASE OF EMERGENCY (Other Than Parents):

Name _____ Relationship _____

Phone #s: Home _____ Work _____ Cell _____

Address _____

City _____ State _____ Zip _____

Is this person authorized to take the child from the center/class? Yes No

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

Name _____ Relationship _____

Name _____ Relationship _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ 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.

Acetaminophen/Ibuprofen

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 or Ibuprofen. I understand that I will be notified if the medication has been administered.

Signature X _____ 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. 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 _____

6. SPECIAL NEEDS:

Medications _____

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

Seizures _____ Fainting Spells _____ Bed wetting _____ Other _____

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

ALLERGIES TO ANY MEDICATION / FOOD



7. CHILD'S DEVELOPMENTAL NEEDS:

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

Yes ___ No ___

If yes, describe in detail:

If yes, has the child received any treatment or therapy related to these needs? Please explain in detail:

8. OTHER INFORMATION ABOUT YOUR CHILD/FAMILY:

Favorite: Games _____ Toys _____ Foods _____

What are the most important values in your family that you would like the school to help reinforce in your child?

Siblings: Yes ___ No ___

Sibling's names	Age	School	Sibling's names	Age	School
1.			4.		
2.			5.		
3.			6.		

9. ADDITIONAL COMMENTS:

10. CONFERENCE REQUESTS:

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

11. 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 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



12. ONLY FOR PRIVATE LESSONS (One-on One):

1. I Agree to spend time studying the lessons and completing the homework.
2. If a 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.

_____ Date: _____
 Signature of parent or guardian

13. 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:

PLEASE NOTE: Physical punishment shall not be administered to children.
 (Minimum Licensing Requirements for Child Care Centers 500)
 (Minimum Licensing Requirements for Day Care Family Homes 501)