



# LARSON'S LANGUAGE CENTER

1730 W. Poplar St. Rogers, AR 72758

(479) 633-9900



## Enrollment Application - Helen R. Walton CEC

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: **Helen Walton Children's Enrichment Center**

Day: **Fridays** Time: 10:30am – 11:20am

Session:  Fall  Winter  Summer Year: 20 \_\_\_\_\_

Start Date: **January 23<sup>rd</sup>, 2026**

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 5 Agreement)

Payment enclosed: \_\_\_\_\_  check # \_\_\_\_\_  credit card  cash  Venmo  Zelle

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. \_\_\_



**CHILD'S PERSONAL DATA SHEET**

**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:**

**Does your child require help in:**

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

Is child toilet trained? \_\_\_\_\_ Words used in toileting \_\_\_\_\_

**Does your child take a nap?** Yes \_\_\_ No \_\_\_ At what time? \_\_\_\_\_ For how long? \_\_\_\_\_

**Favorite:** Games \_\_\_\_\_ Toys \_\_\_\_\_ Foods \_\_\_\_\_

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

**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.), HWCEC Spanish classes may be cancelled and made up at a later date.
4. Agree to notify Larson's Language Center within **Two weeks** of the final class as to whether or not the student will attend the NEXT SESSION of Spanish at HWCEC.
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 to share with parents or for program for promotional purposes?** *(These pictures and articles won't 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