



# 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 1-11    Ses. #2  June 15-25    Ses. #3  Jun 29-Jul 9    Ses. #4  July 13-23

**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. 4 last # \_\_\_\_\_

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 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 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 (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? 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: \_\_\_\_\_