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:

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 _____

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

- 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

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For Office Use Only

Class ID_____ Instructor_____ Competition 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 _____ Date _____
Signature of parent or guardian

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.

X _____ 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

X _____ Date: _____
Signature of parent or guardian