



# COMMUNITY LANGUAGE SCHOOL BEAR CAMP REGISTRATION 2017

\*\*\*for children entering 1<sup>st</sup>-7<sup>th</sup> Grade (approx. 5-13) in the fall school year, 2017

Today's Date: \_\_\_\_\_ Age during camp: \_\_\_\_\_ Child's Grade: \_\_\_\_\_ Child's Gender: \_\_\_\_\_

Child's 1<sup>st</sup> Name \_\_\_\_\_ Last Name \_\_\_\_\_ Nickname \_\_\_\_\_

Street Address or Box # \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Preferred Phone \_\_\_\_\_

Other Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Food/other allergies, any relevant medical condition \_\_\_\_\_

### CONSENT STATEMENT:

*I give my consent for my child to be photographed and/or video/audio taped with the understanding that these images/recordings may be used, strictly in accordance with university policies and the laws of Arkansas, for the purpose of creating fliers/brochures/university-sponsored web pages and other online UCA-related sites, newspaper or magazine feature articles and other promotional materials for the UCA-CLS program, and also for occasional educational purpose (such as teacher training).*

_____ Parent/Guardian Printed Name	_____ Signature	_____ Date
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**PACK A LUNCH FOR YOUR CHILD WITH DRINK----NO PEANUT PRODUCTS, PLEASE!**

**Please check which camp(s): Daily Schedule: 8:30 - 3:00pm Monday - Friday**

July 17-21 Celebrating Japan Week     July 24-July 28: Welcome to Mexico     Both weeks of camp

**Registration Fee \$25.00 (non-refundable) per family + \$125.00 Tuition/child = \$150.00/one week of camp (for the 1st or only 1 child in the family). Then \$125 per week of camp for each additional sibling. [EXAMPLE: if your family had only one, the total is \$150.00 per week. If you family sends 2 children to the 1st camp week, the total is \$275.00**

Return registration form(s) with check made payable to:  
UCA Community Language School  
ATT: Ruth Clayton  
Dept. of Languages & Linguistics, Irby 207  
201 S. Donaghey Ave, Conway, AR 72035

\$ \_\_\_\_\_ Total enclosed

Questions: Languages & Linguistics Dept.  
Call 501-852-2064 or email Ruthc@uca.edu

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

Date Payment rec'd \_\_\_\_\_ Form of payment: check # \_\_\_\_\_

Receipt # \_\_\_\_\_ Refund date & amount \_\_\_\_\_

Date of Deposit \_\_\_\_\_ Notes: \_\_\_\_\_ rev. 3-15-17