UCA COMMUNITY LANGUAGE SCHOOL
CHILDREN’S REGISTRATION FORM

Chinese for Heritage Speakers - Fall 2015

Today’s Date:___________________

Child’s First Name ___________________ Last Name________________________ Birthdate_____________________

Parent’s name(s)_________________________________________________Preferred phone(s):________________________________

E-mail(s) __________________________ Street Address __________________________

City & State________________________________________________________ Zip Code____________________

CONSENT STATEMENT: I give my consent for my child(ren) 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 purposes (such as teacher training).

Parent/Guardian Printed Name________________________________________________________ Signature________________________

Date

This class will be offered on Thursdays, 5:30-6:30 PM for 12 weeks on the UCA Campus, in Torreyson West room 311, starting the week of Sept. 3rd through December 3rd, 2015***

***No class during UCA Fall Break (Oct. 22nd) nor on Thanksgiving Day (Nov. 26th)

Tuition is $125.00 per child (includes $25 non-refundable registration fee).

Return registration form(s) with check made payable to:

UCA Community Language School
Department of World Languages, Irby 207
201 S. Donaghey Ave, Conway, AR 72035
Tel. (501) 852-2064   Email: ruthc@uca.edu

$_________Total enclosed

--------------------------------------------------------------------------------------------OFFICE USE ONLY-----------------------------------------------------------------------------------------------

Date Payment rec’d_________________________ Siblings names:______________________________

Form of payment: check #___________________ Cash (amount)______________________________

Receipt #_____________________________ Refund date & amount___________________________

Date of Deposit__________________________ Notes:________________________________________

SSV rev 8-30-15