



# UCA COMMUNITY LANGUAGE SCHOOL CHILDREN'S REGISTRATION FORM

*Chinese for Children: Beginning & Intermediate - Spring 2017*

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 \_\_\_\_\_

Allergies or Any Relevant Medical Conditions: \_\_\_\_\_

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 **Mondays**: (circle one) **Beginning Level: 5:30-6:30pm**  
**Intermediate Level: 6:30-7:30pm**  
**12 weeks on the UCA Campus, in Torreyson West, room 317, Jan. 30<sup>th</sup>–Apr. 24<sup>th</sup>, 2017**  
**\*No classes on Monday, March 20<sup>th</sup> due to UCA's Spring Break**  
**Tuition is \$100.00/child (plus a \$25/per family non-refundable registration fee)****

[For example: a family with one child would pay \$125; with 2 kids: \$225; and with 3 kids: \$325]

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

**UCA Confucius Institute**

McCastlain Hall, Suite 108

201 S. Donaghey Ave, Conway, AR 72035

Tel. (501) 852-5219

**Email:** C.I. Deputy Director, Dr. Alex (Gang Zhao) [g-gzhao@uca.edu](mailto:g-gzhao@uca.edu)

Instructor, Ms. Ivey (Ying Tang) [g-ytang@uca.edu](mailto:g-ytang@uca.edu)

Community Language School Director: Sera Streiff-Vena [serav@uca.edu](mailto:serav@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: \_\_\_\_\_