



# COMMUNITY LANGUAGE SCHOOL Julia Lee Moore REGISTRATION FORM

## Spanish for Children, Fall 2015 (4<sup>th</sup> Graders)

Today's Date: \_\_\_\_\_

Child's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent(s)/Guardian \_\_\_\_\_ Street Address \_\_\_\_\_

City & State \_\_\_\_\_ Zip Code \_\_\_\_\_ Primary Email \_\_\_\_\_

Contact Info: Phone \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

How did you find out about CLS classes? \_\_\_\_\_

**Class will be offered for 4<sup>th</sup> graders every Wednesday for 10 weeks, Sept. 16<sup>th</sup> – Nov. 18<sup>th</sup>**

Location	Day	Time
JLM: Supervised Pick up at Front of School	Wednesdays	3:15-4:00

**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).*

**ATTENDANCE AND BEHAVIOR POLICY:**

*I understand that my child will be dropped from the class if: 1) I fail to pick him/her up by 4:05; 2) he/she does not attend class regularly; or 3) he/she does not consistently follow the class rules, including the exclusive use of Spanish in class.*

\_\_\_\_\_  
**Parent/Guardian Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Tuition per child: \$25 non-refundable registration fee due by Sept. 14th**

**Mail or return registration form(s) with check made**

**payable to:**

UCA Community Language School  
Dept. of Languages & Linguistics, Irby 207  
201 S. Donaghey Ave, Conway, AR 72035

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

Questions? Ask the CLS Director:  
Sera Streiff-Vena serav@uca.edu  
(501) 658-3877 cell

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

Date Payment rec'd \_\_\_\_\_ Siblings: \_\_\_\_\_

Form of payment: check # \_\_\_\_\_ Cash (amount) \_\_\_\_\_

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

Date of Deposit \_\_\_\_\_ Notes: \_\_\_\_\_ SSV rev. 8-30-2015