COMMUNITY LANGUAGE SCHOOL
Julia Lee Moore REGISTRATION FORM
Spanish for Children, Fall 2015 (4th 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 4th graders every Wednesday for 10 weeks, Sept. 16th – Nov. 18th

<table>
<thead>
<tr>
<th>Location</th>
<th>Day</th>
<th>Time</th>
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<tbody>
<tr>
<td>JLM: Supervised Pick up at Front of School</td>
<td>Wednesdays</td>
<td>3:15-4:00</td>
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</table>

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