



COMMUNITY LANGUAGE SCHOOL

Julia Lee Moore REGISTRATION FORM

JLM Spanish for Children, Spring 2016 (Grades 3-4)

Please do NOT send this form back to school, but rather to the address below.

Today's Date: _____

Child's First Name _____ Last Name _____

Child's **Grade** and **Homerom Teacher**: _____

Street Address or Box # _____

City & State _____ Zip Code _____

Contact Info.: Mobile Phone _____ E-mail _____

How did you find out about CLS classes? _____

Class will be offered on Wednesdays for 10 weeks: February 3 – April 13 (no class for break, March 23)

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

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 regularly by 4:05; 2) he/she does not attend class regularly; or 3) he/she does not consistently follow the class rules.

Parent/Guardian Printed Name

Signature

Date

Fee per child: \$25 non-refundable materials fee due by Monday, February 1st: first come, first served (spaces are limited). Please bring or mail this form and a check to the address below:

Return/mail registration form with check made payable to:

UCA Community Language School
Department of World Languages, Irby 207
201 S. Donaghey Ave, Conway, AR 72035

\$ _____ **Total enclosed**

Questions: CLS Director
Sera Streiff-Vena
(501) 450-3168

OFFICE USE ONLY

Date Payment rec'd _____

Form of payment: check # _____ Cash (amount) _____

Receipt # _____ Refund date & amount _____

Date of Deposit _____ Notes: _____