



UCA COMMUNITY LANGUAGE SCHOOL Julia Lee Moore REGISTRATION FORM

Spanish for Children, Spring 2017 (2nd - 4th Graders)

Please do NOT return this form to the school--mail or drop it off to the UCA address below!

Date: _____

Child's First Name _____ Last Name _____ Birthdate: _____

Parent(s)/Guardian _____ Street Address _____

City & State _____ Zip Code _____ Primary Email _____

Contact Info: Phone _____ Alternate Phone: _____

JLM homeroom teacher's name _____ Grade _____

Food allergies or any other relevant medical conditions _____

How did you find out about this class? _____

10 wk-course: Feb. 8th – Apr. 19th NOTE: no class on March 22nd during Conway Public School's Spring Break

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

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

NOTE: FIRST COME, FIRST SERVED: Enrollment cap of 20 students!

Tuition per child: \$25 non-refundable registration fee due by February 6th

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 & Time Payment rec'd _____ Siblings: _____

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

Receipt # _____ Refund date & amount _____

Date of Deposit _____ Notes: _____ SSV rev. 1-23-2017