



COMMUNITY LANGUAGE SCHOOL BEAR CAMP REGISTRATION

For Children entering 1st-6th Grade Fall 13

Today's Date: _____ Age during camp: _____ Child's Grade: _____ Child's Gender: _____

Child's First Name _____ Last Name _____ Nickname _____

Street Address or Box # _____

City _____ Zip Code _____ Preferred Phone _____

Other Phone _____ E-mail _____

Food/other allergies, any relevant medical condition _____

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).

Parent/Guardian Printed Name

Signature

Date

PACK A LUNCH FOR YOUR CHILD WITH DRINK----NO PEANUT PRODUCTS, PLEASE!

Please check which camp(s): Daily Schedule: 8:30 – 3:00pm Monday - Friday

___ African Safari July 15-19 ___ Viva Mexico July 22-26 ___ Both weeks

Cost: \$175.00 tuition/fees PER CHILD for EACH week of camp

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

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

\$ _____ **Total enclosed**

Questions: World Languages Dept.
Call 501-852-2064 or email Ruthc@uca.edu

*****OFFICE USE ONLY*****

Date Payment rec'd _____ Form of payment: check # _____

Receipt # _____ Refund date & amount _____

Date of Deposit _____ Notes: _____ **rev. 3-5-13**