



# COMMUNITY LANGUAGE SCHOOL Julia Lee Moore REGISTRATION FORM

## JLM Spanish for Children, Spring 2018 (Grades 2-4)

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

Date: \_\_\_\_\_

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

Gender: \_\_\_\_\_ **Grade** \_\_\_\_\_ **Homeroom Teacher:** \_\_\_\_\_

Parents/Guardian \_\_\_\_\_ Street Address or Box # \_\_\_\_\_

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

Contact Info.: Mobile Phone \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

How did you find out about this class? \_\_\_\_\_

**Class will be offered on Wednesdays for 10 weeks: February 7 – April 18 (no class for break, March 21)**

Location	Day	Time
JLM: Supervised Pick-up at Front of School	Wednesdays	3:00- <b>3:50</b>

### 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 4:00; 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

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

Materials fee per child: \$25 non-refundable materials fee due by Monday, February 5<sup>th</sup>

**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  
Dept. of Languages & Linguistics, Irby 207  
201 S. Donaghey Ave, Conway, AR 72035

\$ \_\_\_\_\_ **Total enclosed**  
Questions? Ask the CLS Director:  
Cheryl Streiff serav@uca.edu  
(501) 658-3877

\_\_\_\_\_  
OFFICE USE ONLY

Date Payment rec'd \_\_\_\_\_

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

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

Date of Deposit \_\_\_\_\_ Notes: \_\_\_\_\_

rev. 1-17-18