



# COMMUNITY LANGUAGE SCHOOL Julia Lee Moore REGISTRATION FORM

## Spanish for Children, Fall 2018 (2 - 4 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: \_\_\_\_\_

JLM teacher's name \_\_\_\_\_ Grade 2018-19 School Year \_\_\_\_\_

**Class will be offered to 2nd - 4<sup>th</sup> graders every **Wednesday** for 10 weeks beginning **Sept. 26<sup>th</sup>**  
**No class on Nov. 21<sup>st</sup> due to Thanksgiving holiday. Last class will Dec. 5<sup>th</sup>.****

Location	Day	Time
JLM: Supervised Pick up at Front of School	Wednesdays	3:07-3:50pm

### 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 Sept. 24, 2018**

*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:  
Cheryl Streiff - [cstreiff1@uca.edu](mailto:cstreiff1@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: \_\_\_\_\_ **rev. 9-10-18**