



UCA COMMUNITY LANGUAGE SCHOOL REGISTRATION FORM

Children's Spanish UCA Campus, Fall 2018 (2nd - 4th Graders)

Date: _____

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

Parent(s)/Guardian _____ Street Address _____

City & State _____ Zip Code _____ Primary Email _____

Contact Info: Phone _____ Alternate Phone: _____

Current Elementary School _____ Child's Grade? _____

Food allergies or any other relevant medical conditions _____

How did you find out about this class? _____

TEN WEEKS OF CLASS: OCTOBER 2nd - DECEMBER 4th 2018

Location	Day	Time
UCA Campus, Irby Hall 2 nd floor (look for a sign on the door)	Tuesdays	6:00-7:00pm

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).

Parent/Guardian Printed Name

Signature

Date

Tuition per child: \$100 non-refundable registration fee due by Sept. 28th

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
(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. 9-15-2018