

UCA Community Language School

Children's Registration Form
Spanish for Children – Spring 2019

Today's Date: _____

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

Parent's Name(s): _____ Preferred Phone: _____

Preferred Email Address: _____

Street Address: _____

City & State: _____ Zip Code: _____

Please list any relevant medical conditions:

CONSENT STATEMENT: *I give my consent for my child(ren) to be photographed and/or video/audio taped with the understanding that these images may be used, strictly in accordance with university policies and 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 purposes (such as teacher training).*

Parent Printed Name

Signature

Date

This class will be offered on Tuesdays from 6:00pm-7:00pm starting February 12th, 2019. Classes will run each Tuesday. Classes will end on Tuesday, April 23rd, 2019. There will be NO CLASSES on Tuesday, March 26th due to Spring Break.

Tuition is \$100.00/child.

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

UCA Community Language School
Irby Hall 207
201 S. Donaghey Ave., Conway, AR 72035
UCA CLS: CLS@uca.edu

\$_____ Total Enclosed

-----OFFICE USE ONLY-----

Date payment rec'd _____
Check # _____
Receipt # _____
Date of deposit _____
Sibling names: _____

Sibling Names _____
Cash (amount) _____
Refund date & amount _____
Notes: _____