

Children's Center for Language & Culture, Inc.

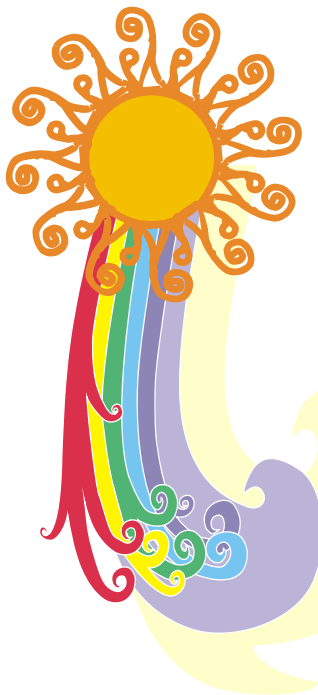
ChiCeLaCu!

(AFTER SCHOOL PROGRAM) 2010-2011

(Ages 6-12)

VIENNA, VA

Programs operate on the legal law exemptions 63.2 -1715 of the Code of Virginia.



Name

Last _____ First _____ MI _____

Home Address _____

City _____ State _____ Zip _____

Parents(s) Name: _____

Telephone: Work (____) _____ Home(____) _____

Cell(____) _____ Other(____) _____

E-Mail _____

Emergency Contact: Name _____

Relation to student _____

Emergency Phone(____) _____

or (____) _____

AGE & BACKGROUND

Student Gender: Male _____ Female _____

Birth Date: Month _____ Day _____ Year _____

School attending Fall '10(school address & phone number)

Grade level Fall' 10 _____

Heritage (optional)

Circle one: American Indian _____, African American _____, Asian _____

White _____, Hispanic _____ Other _____

Language (s) spoken by Child and parents. _____

MEDICAL

SECTION MUST BE COMPLETED FOR PROCESSING.

IF NOT APPLICABLE, WRITE N/A DO NOT LEAVE BLANK

Please list any illness or health problems_____

Are there any special precautions which should be taken during classes to health matters or above listed illness? If so, What?_____

Allergies (food or otherwise)_____

How severe are the allergies? Circle one

MILD

MODERATE

SEVERE

LIFE THREATENING

PRECAUTIONS_____

Doctor's Name_____

Phone Number_____ Insurance_____

Medications_____

My child is able to participate in all physical activities of camp yes_____ No_____

Is there any other information concerning your child's health of which we should be aware? If so, please detail completely.

REGISTRATION

- **Refunds:** Course payment is due and payable upon registration. All payments are NON_REFUNDABLE except in cases of CANCELLATION OF CLASSES DUE TO LOW ENROLLMENT
- Any class with an enrollment of fewer than 6 students on the opening day of each semester or session is subject to cancellation. The decision to cancel a class is made by the Program Director of ChiCeLaCu!
- **Questions:** Please contact us at 703-470-2600 or e-mail info@childrencenterlanguage.com

I give my consent and approval for my child's participation in Children's Center for Language & Culture, Inc. I hereby release and hold harmless Children's Center Language for Language & Culture, Inc., its agents and employees, from all claims, damages, or other liabilities for injuries to the student which are not the result of gross negligence by Children's Center for Language & Culture, Inc., its agents or employees. I understand that accident insurance is not provided. Children's Center for Language & Culture, Inc. has my permission, in an emergency, to provide emergency medical attention and, if necessary, to take my child to the emergency room of the nearest hospital at my expense, and the hospital and its staff have my authorization to provide treatment which a physician deems necessary for the well-being of my child. This is an authorization for emergency medical care if the emergency occurs when the parent cannot be located immediately unless the parent states in writing an objection to the provision of such care on religious or other grounds. Children's Center for Language & Culture, Inc., will notify the parent when the child becomes ill and the parent will arrange to have the child picked up as soon as possible if so requested by the center. The parent will inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately. This is a written agreement between the parent and Children's Center for Language & Culture, Inc., and shall be in each child's record by the first day of the child attendance. This written agreement between the parent and Children's Center for Language & Culture, Inc., is required by 22 VAC 15-30-110 in the set of standards for centers serving children under the age of 13 who are separated from their parents or guardians during a part of the day.

Signature of Parent or Legal Guardian _____

Date _____/_____/_____



TUITION. After School program. (Total Spanish Immersion).

REGISTRATION AND TUITION (Children 6-12 years old). 1st day Sept 09 – 2010

After School Program: (Monday (2:00 p.m.- 6:00 p.m.)); (T-W-Th-F: (4:00 p.m. – 6:00 p.m.))

OPTION		Total Spanish Immersion (Spanish Speakers)	Program for English Speakers	Observ.
1 Day (Only Monday) 2:00 p.m.- 6:00 p.m. Prices:\$ 195.00 per month				
1 Day (Only Friday) Spanish for English Speakers. (4:00 – 6:00 p.m.) Prices: 125.00 per month				
2 Days (Tuesday & Thursday). (4:00 p.m. - 6:00 p.m.). Prices: \$225.00 per month				
2 Days (Monday & Wednesday; (Monday & Thursday or Friday). Prices: \$295.00 per month				
3 Days (Monday-Wednesday- Friday) Prices:\$335.00 per month				
5 Days (Monday-Friday). Prices: \$395 per month				

All Fees non- refundable. Sign up (Sept-Jan):(Feb-June). Changes for Educational Options can only be done in September or February.

Annual registration Fee (Sept- Jan ; Feb - June): \$35.00

Annual Materials Fee: \$50.00

Annual Activity Fee/Performances:\$35.00

Schedule & Prices:

1 Day (Only Monday); (2:00 – 6:00 p.m.) **Prices:\$ 195.00 per month**

1 Day (Only Friday); (4:00 – 6:00 p.m.) **Prices: \$ 125.00 per month**

2 Days (Tuesday & Thursday); **Prices: \$225.00 per month**

2 Days (Monday & Wednesday); (Monday & Thursday) **Prices: \$295.00 per month**

3 Days (Monday-Wednesday-Friday); **Prices:\$335.00 per month**

5 Days (Monday-Friday); **Prices: \$395.00 per month**

Dismissal Times (Late Fee): \$10.00

IN ORDEN TO PROCESS APPLICATION: FORM MUST BE SIGNED & DATED

**WITH REGISTRATION FEE, MATERIALS FEE, ANNUAL ACTIVITY FEE & TUITION FOR THE MONTH OF
SEPTEMBER ENCLOSED.**

FULL PAYMENT DUE AUGUST 25th, 2010.

Amount & Number Check **enclosed:** _____

FINANCIAL INFORMATION.

(TUITION & LATE FEE)

SPANISH PRESCHOOL, AFTER SCHOOL PROGRAM & SATURDAY SCHOOL.

The tuition for PRESCHOOL, AFTER SCHOOL & SATURDAY SCHOOL may be paid annually, semi-annually or monthly. Tuition is due on the 1st of each month and overdue after 5th of the month. **A \$25 late fee per child will be assessed on the 6th.**

Please send your **Check or money order payable to:**

Children's Center for Language & Culture, Inc.

Account Number : 004128555679

Bank of America.

Mail payment (receipt) or check & Registration Form to:

Children's Center for Language & Culture, Inc.

1727 Pebble Beach Dr.

Vienna, VA, 22182

QUESTIONS? PLEASE CALL 1-703-470-2600 OR E MAIL US AT info@childrencenterlanguage.com