

Children's Center for Language & Culture, Inc.

Registration for At Your School Program

School Attending (2018-19) _____ Grade _____



3 Days

Returning Student

5 Days

New Student

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

STUDENT INFORMATION

Last _____ First _____ MI. _____

Age _____ DOB _____ Gender _____

Address _____ City _____ Zip Code _____

Parent 1 name: _____ Email: _____

Cell phone: _____ Work phone: _____

Parent 2 name: _____ Email: _____

Cell phone: _____ Work phone: _____

Emergency contact's name: _____ Relation: _____

Phone(s): _____

MEDICAL (If not applicable, write N/A)

Illness or health problems _____

Allergies _____

How severe? MILD MODERATE SEVERE LIFE THREATENING

PRECAUTIONS _____

PERMISSION SLIPS TO TAKE VIDEOS AND PICTURES

I give permission for my child _____ to have his/her video or picture taken while participating in ChiCeLaCu! activities. I am aware that these videos/pictures may be displayed on the website, in newsletters, flyers, social media and/or any other publications regarding ChiCeLaCu! activities.

Parent's signature _____ Date: _____

FINANCIAL INFORMATION – Refund & late fee policy

**** Please note that an annual commitment is required for all programs. You are responsible for payment for the entire duration of the program (a full academic year) even if you choose to withdraw your child from the program before its completion. ****

- **A late fee of \$1 dollar** (if applicable) will be applied for every minute a parent is late to pick up their child. This fee will be applied to the monthly tuition.
- **All payments are non-refundable** except in cases of program cancelation due to low enrollment.

Parent's signature _____ Date: _____

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 Children's Center for Language & Culture, Inc. 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 _____ / _____ / _____

IN ORDER TO PROCESS APPLICATION:

FORM MUST BE SIGNED AND DATED WITH REGISTRATION FEE AND FULL PAYMENT INCLUDED.

PAYMENT

First day of class is September 24
Full tuition payment is due no later than June 29

Tuition per child:

_____ (# of children) \$ _____

TOTAL Amount Due: \$ _____

Amount & Number of the check enclosed: \$ _____ Check # _____

Please write your child's name on memo section.

Please mail payment & registration forms to:

Children's Center for Language & Culture, Inc.
2102 D Gallows Rd, Vienna, VA, 22182

Questions? 703-992-8722 or info@chicelacu.com