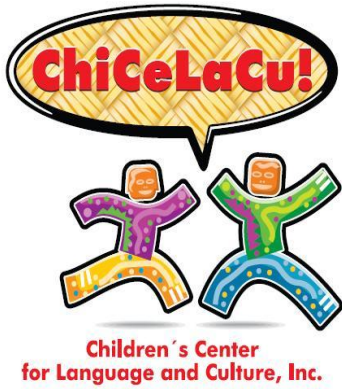


Children's Center for Language & Culture, Inc. ChiCeLaCu!



Registration Form French & Mandarin 2014-2015

French and Mandarin Immersion for Preschoolers
Before, After School, and Saturday Program.

Location: Vienna/Tyson _____ Oakton/Vienna _____

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 (mom) _____ cell (dad) _____

Email_ (mom/dad) _____

Emergency Contact: Name & Phone _____

Relation to student _____

AGE & BACKGROUND

Student Gender: Male _____ Female _____

Birth Date: Month _____ Day _____ Year _____

Age (years and months): _____

School attending (2014-2015) _____ - _____

Grade level _____

Heritage (optional)

Check one: American Indian _____ African American _____ Asian _____

White _____ Hispanic _____ Other _____

Language (s) spoken by Child and parents _____

Spanish level (Beginner, Intermediate, Advanced) _____

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: yes _____ No _____

Is there any other information concerning your child's health of which we should be aware?

REGISTRATION

- **Refunds:** Course payment is due and payable upon registration. **All payments (tuitions and fees) are NON_REFUNDABLE** except in cases of CANCELLATION OF CLASSES DUE TO LOW ENROLLMENT
- Any class with an enrolment of fewer than 8 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!
- **The commitment for the French and Mandarin Immersion Program for Preschoolers and Saturday Program is yearly.** Only After School classes have the option to sign from September to January and then February to June. **Students in the after school classes can retire without penalty just in the month of December or January. If your child leave the After School Program between February and June, you will need to pay an extra penalty of \$250.00 per child.**

I AGREE _____ (Signature)

Questions: Please contact us at 703-255-5424 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 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_____/_____/_____

AUTHORIZATION TO PICK UP CHILD

Persons authorized to pick up (Include yourself):

:

Persons NOT Authorized to pick up

- If other than parents are authorized, ID is required at pick up tim

SCHEDULE & EDUCATIONAL OPTIONS

MANDARIN Immersion Classes

Tysons Location (2102 Gallows Rd. Vienna, VA 22182)

Age _____ # of Days _____ Transportation* _____

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
10:30 am - 12:00 pm		10:30 am - 12:00 pm				10:30 am - 12:00 pm				8:30 am - 10:00 am	
		1:00 pm - 2:30 pm				1:00 pm - 2:30 pm		1:00 pm - 2:30 pm		10:10 am - 11:40 am	
2:15 pm - 4:30 pm				4:15 pm - 5:30 pm				4:15 pm - 5:30 pm			

MANDARIN Immersion Classes

Oakton Location (2732 Oak Valley Dr. Vienna, VA 22181)

Age _____ # of Days _____ Transportation* _____

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
10:30 am - 12:00 pm				10:30 am - 12:00 pm				10:30 am - 12:00 pm		12:20 pm - 1:50 pm	
		4:15 pm - 5:30 pm				4:15 pm - 5:30 pm					

IN ORDER TO PROCESS APPLICATION: **FORM MUST BE SIGNED & DATED WITH ALL FEES, HEALTH FORMS & TUITION FOR MATERIALS AND THE 1st MONTH ENCLOSED.**

PAYMENT DUE June 15th, 2014

Amount & Number of the check enclosed: _____

(Student's Name) _____

FRENCH Immersion Classes
Tysons Location (2102 Gallows Rd. Vienna, VA 22181)

French _____ **Mandarin** _____ **Age** _____ **# of Days** _____

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
10:30 am - 12:00 pm		9:00 am - 10:25 am				9:00 am - 10:25 am		1:00 pm - 2:30 pm		8:30 am - 10:00 am	
										10:10 am - 11:40 am	
2:15 pm - 4:30 pm				4:15 pm - 5:30 pm				4:15 pm - 5:30 pm			

FRENCH Immersion Classes
Oakton Location (2732 Oak Valley Dr. Vienna, VA 22181)

French _____ **Mandarin** _____ **Age** _____ **# of Days** _____

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
10:30 am - 12:00 pm				10:30 am - 12:00 pm				10:30 am - 12:00 pm		12:20 pm - 1:50 pm	
		4:15 pm - 5:30 pm				4:15 pm - 5:30 pm					

IN ORDER TO PROCESS APPLICATION: **FORM MUST BE SIGNED & DATED WITH ALL FEES, HEALTH FORMS & TUITION FOR MATERIALS AND THE 1st MONTH ENCLOSED.**
PAYMENT DUE June 15th, 2014

Amount & Number of the check enclosed: _____

(Student's Name) _____

FINANCIAL INFORMATION-late fee

- **Tuition may be paid annually, semi-annually or monthly. Tuition is due on the 1st of each month and a \$25 late fee will be charged on the 5th of the month. The financial commitment for French and Mandarin Immersion for Pre-schoolers and Saturday Program is yearly.** Only After School classes have the option to sign from Sept-to-Jan and then Feb-to June. Students in the after school classes can retire without penalty just in the month of December or January. **If your child leave the After School Program between February and June, you will need to pay an extra penalty of \$250.00 per child.**
- **Late pick up time? A late fee of \$5 dollars** will be applied every 5 minutes you are late to pick up your child. This fee will be applied to your monthly dues.

Please mail payment & registration forms to:

Children's Center for Language & Culture, Inc.
French and Chinese Program
2732 Oak Valley Dr
Vienna, VA, 22181

PERMISION 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, and/or any other publications regarding ChiCeLaCu activities. They will be used for ChiCeLaCu purposes only and will not be distributed outside of our programs.

Parent name _____

Parent signature _____

Date _____

