



Children's Center for Language & Culture, Inc.

Registration Form.

SPANISH SUMMER CAMPS 2016

2102 Gallows Rd. Vienna, VA 22182

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 _____

Parents Names _____

Emails _____

Phone: Cell Mom (____) _____ Cell Dad(____) _____

Work (____) _____ Home (____) _____

Emergency Contact: (Name & Phone #) _____

School attending (2016-2017) _____ Grade _____

People authorized to pick up Student _____

MEDICAL (If not applicable, Write N/A)

Illness or health problems _____ Allergies _____

How severe? MILD _____ MODERATE _____ SEVERE _____ LIFE THREATENING _____

PRECAUTIONS _____

Medications _____

Insurance _____ Phone Number _____

My child is able to participate in all physical activities: yes _____ No _____

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, 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's name _____ Parent's signature _____

FINANCIAL INFORMATION – Refund & late fee policy

- **Refunds: Course payment is due and payable upon registration. All payments are NON_REFUNDABLE except in cases of CANCELLATION OF SUMMER CAMP WEEKS DUE TO LOW ENROLLMENT**
- Any class with an enrolment of fewer than 6 students on the opening day of each session is subject to cancellation. The decision to cancel a class is made by the Program Director of ChiCeLaCu!

Parent's signature _____

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 ____/____/____

SCHEDULE & EDUCATIONAL OPTIONS

1 week Session Dates	Spanish Immersion Camp				
	FULL DAY	FULL DAY	Afternoon Camp	Before Care	After Care
	(3-5 years old)	K - 6 grade (6-12 years old)	K - 6 grade (6-12 years old)	K - 6 grade	K - 6 grade
	9:30 - 3:00 pm	9:30 - 3:00 pm	2:45 - 5:00 pm	8:00 - 9:30 am	3:00 -5:00 pm
July 5th - July 8th					
July 11th - July 15th					
July 18th - July 22nd					
July 25th - July 29th					

EARLY REGISTRATION (DISCOUNT Before Feb 27th) PAYMENT:

Amount and number of Check **enclosed**: _____

(Student's Name) _____

Program	Early Registration (Until Feb 27th)	Regular Registration (After Feb 27th)
	Weekly Rate	Weekly Rate
Full Day SPANISH (9:30-3:00 am)	\$355	\$375
Afternoon SPANISH (2:45-5:00 pm)	\$190	\$200
Morning Extended Care (8:00 am -9:30am)	\$35	\$35
Afternoon Extended Care (3:00 pm - 5:00 pm)	\$45	\$45

***NO CLASS July 4th. Week 1 \$285/300**

All payments are **NON_REFUNDABLE** except in cases of CANCELLATION OF SUMMER CAMP WEEKS DUE TO LOW ENROLLMENT.

IN ORDER TO PROCESS APPLICATION –Spanish immersion Summer Camps:

REGISTRATION FORM MUST BE SIGNED & DATED

WITH HEALTH FORMS-Immunization Records & **FULL PAYMENT.**

FULL PAYMENT DUE MAY 5, 2016.

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@childrencenterlanguage.com

