



Capital Region Language Center  
*Connecting you to the world through language*  
 info@CRLCALbany.org  
 www.crlcalbany.org

### Children's Registration Form

Please email or mail this back to us prior to your child's first class.

Mail to: **CRLC 24 Aviation Road, Suite 100, Albany, NY 12205**

**Date:** \_\_\_\_\_

### Parent's / Guardian's Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Which is the best way to reach you at the last minute? \_\_\_\_\_

(H): \_\_\_\_\_ (C): \_\_\_\_\_ (W): \_\_\_\_\_

Email: \_\_\_\_\_

### Child's Personal Information

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade level: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Does your child have any food or pet allergies that we should know about? Y N If yes, to what? \_\_\_\_\_

Does your child have any special needs that you would like to share with us? Y N If yes, please elaborate: \_\_\_\_\_

### CRLC Class Information

Language \_\_\_\_\_ Session \_\_\_\_\_ Location \_\_\_\_\_

Please list the names and numbers of individuals (besides you) who are authorized to pick up your child:

1. Name & relationship: \_\_\_\_\_ Number: \_\_\_\_\_

2. Name & relationship: \_\_\_\_\_ Number: \_\_\_\_\_

How did you hear about CRLC? \_\_\_\_\_

**Payment Instructions:** When registering for classes at CRLC you are registering for a session. Specific dates will be provided in your invoice. Payment for the session is made in advance of the first class and can come in 3 forms of payment; cash, check or charge. If you are paying cash, please make an arrangement to pay in our office. Please send checks to the address listed at the top of this registration form. Credit card payments must be made in person or by phone at 518-729-5407. Payment should be made in full for the session, however alternate payment plans can be worked out if need be. If paying monthly, please provide a credit card number (see payment options form). There is a \$35 returned check fee for returned checks. All books must be paid for prior to being issued in class. Invoices are created approximately 1-2 weeks before a new session begins. Please be sure we have an accurate email for the invoice: \_\_\_\_\_

The information on this form is accurate:

Signature: \_\_\_\_\_



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## Attendance Contract for Children's Classes

Please initial below: "I understand that..."

\_\_\_\_\_...I am registering my child for a session of classes and that a refund will not be issued if I choose to have my child drop the class.

\_\_\_\_\_...I am registering my child for a session of classes and that a credit for an upcoming session will not be issued if I choose to have my child drop the class.

\_\_\_\_\_...in the event my child cannot attend a class, he/she is allowed to attend any other group class for the equivalent amount of time of the missed class. This make up must be done within the current session and with the knowledge of the Director of CRLC.

\_\_\_\_\_... in the event my child cancels his/her private class with **more than** 24 hours' notice, CRLC will work with me to make up the time within the current session. I understand that this is allowed only one time per 20 hour session.

\_\_\_\_\_... in the event my child cancels his/her private class with **less than** 24 hours' notice, I forfeit the time.

\_\_\_\_\_... my child may have a substitute instructor if the instructor is unable to fulfill responsibilities.

\_\_\_\_\_...if CRLC cancels a class because of an emergency, the class time will be made up within the session or a class credit will be issued.

\_\_\_\_\_...if a weather condition prevents CRLC from holding class, I will call or be sure to check my messages in case CRLC has contacted me.

\_\_\_\_\_...my child is not automatically registered for subsequent sessions. In order to remain in class I will need to actively let CRLC know by paying invoices in a timely fashion (approximately two weeks prior to the end of the session). I understand that if I do not pay tuition, or talk with the Director of CRLC about special circumstances at the time that I am invoiced, my child may lose his/her space in class.

## AUTHORIZATION FOR USE OF PHOTOGRAPHS AND / OR VIDEO RECORDINGS OF CHILD

I, (printed name) \_\_\_\_\_ do permit and authorize Capital Region Language Center, LLC (CRLC) and its employees, agents, and personnel who are acting on behalf of CRLC to use a photograph or video of my child for purposes related to the educational mission of CRLC including publicity, marketing, and promotion of CRLC and its various programs. I understand that a photograph or video may be copied and distributed by means of various media, including video presentations, television, news bulletins, mail outs, billboards or signs, brochures, placement on CRLC's websites, or newspapers.

I understand that, although CRLC will endeavor to use my child's photograph or video in accordance with standards of good judgment, CRLC cannot warranty or guarantee that any further dissemination of the photograph or video will be subject to CRLC supervision or control. Accordingly, I release Capital Region Language Center from any and all liability related to dissemination of my child's photograph or video.

I understand that my child may be identified by first name in a photo or video. I have read this document and understand its contents.

**Print Parent's Name** \_\_\_\_\_

**Parent / Guardian's Signature** \_\_\_\_\_