



Capital Region Language Center

Connecting you to the world through language

vicki@crlcalbany.org

www.crlcalbany.org

If you are mailing this form, please mail it to: CRLC , 24 Aviation Road, Suite 100, Albany, NY 12205

LEAP! into languages with CRLC and _____ (school name)

Child's Information

Name: _____

Age: _____ Grade _____ Date of Birth: _____

Name of child's teacher: _____

Name of child's school & district: _____

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

Child's home language: _____

Any prior exposure to language that child is signing up for? _____

Does your child have any special needs (health, academic, behavioral) that we should know about? _____ If yes, please elaborate:

Parent's / Guardian's Contact Information

Name: _____

Address: _____

Phone Numbers: Which is the best way to reach you in case of an emergency? _____

(H): _____ (C): _____ (W): _____

Email: _____

Please provide the name and phone number of anyone who has permission to pick up your child from LEAP! classes (including your spouse if you haven't included them above). Please place an asterisk (*) next to the name of the person most likely to pick up your child on a regular basis.

Please fill out both sides or both pages.



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CRLC Class Information

Language - First Choice: _____ Second Choice: _____

Parent Contract for Children's LEAP! Classes

Student's Name: _____

Date: _____

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 my child is absent from the class or 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 my child is absent from the class or if I choose to have my child drop the class.
- _____... my child may have a substitute instructor if the instructor is unable to fulfill responsibilities.
- _____...if class is cancelled due to weather or an emergency, CRLC is not obligated to make up the class time.
- _____...my child is not automatically registered for subsequent sessions.
- _____...LEAP! is an enrichment program and there may not be homework.
- _____...I must present an ID at the time of pick up in order to have my child signed out to me.
- _____...I will arrive on time at dismissal to pick up my child or may incur additional charges.

All information presented on this form is accurate.

Printed Name

Signature

Please fill out both sides or both pages.