

If you are mailing this form: CRLC, 21 Aviation Road, Albany, NY 12205
For email, please send form to: Info@CRLCALbany.org

Adult Registration Form

First Name: _____

Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Numbers:

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

Which is the best way to reach you? (Please circle): text me call cell call work call home email

Email(s): _____

Your email will be shared with your instructor. May we share your email with other students in your class? Yes No

Please initial:

_____ I understand that my instructor will have my contact information and that I may receive language-specific and/or general CRLC emails and/or calls.

Language Course Information:

Language you are registering for: _____ Private or group class: _____

For how long do you hope to study this language? _____

What do you hope to do with your new language skills?

In addition to teaching, how can we help you achieve your language goals?

What types of virtual or in-person events would you like us to host?

Would you be interested taking a language immersion trip organized by CRLC? Where to?

What is your favorite social media channel?

If your classes are being sponsored by your employer, please provide the name of the company:



If your classes are being sponsored by your employer, please provide the name and contact information of your supervisor (if applicable):

How did you hear about Capital Region Language Center (CRLC)?

All of the information provided above is correct and accurate.

Signature and Date

.....
Please initial on each line below:

___ I am registering for a session of classes and that neither a refund nor a credit will be issued if I choose to drop the class.

___ In the event that I cannot attend a group class, and I have provided at least two business days' notice, I am allowed to attend any other group class in the language I am studying. This make-up class should be completed within the current class session with the knowledge of a CRLC staff member. I understand that there may not be a class make-up option for me. If I am a private class student, I will be given up to two opportunities to reschedule my class time per 20-hours as long as I provide at least two business days' written notice to both my instructor and the CRLC office.

___ In the event that I or my child cancels a private class with less than two business days' notice, the class time will be forfeited.

___ Classes are designed for registered CRLC students, and if I would like to bring a guest, I will seek permission from the instructor and a CRLC staff member.

___ I understand that I may have a substitute teacher if the instructor is unable to fulfill their responsibilities.

___ If CRLC cancels a class, it will be made up within the session at an agreed upon time, or my session dates will be extended to allow for the class to be made up.

___ If a weather condition or other emergency prevents CRLC from holding my class at the regularly-scheduled time, I will call or be sure to check my messages in case CRLC has contacted me.

___ I am automatically registered for the subsequent course provided the schedule remains the same. If my plan is to NOT continue with the language course, I will let my instructor and CRLC know, in writing, no less than two weeks prior to the last class date.

___ Classes may be observed by a CRLC staff or non-staff members who have sought previous permission from CRLC's director.

___ Teachers and other staff may be photographed, videotaped, or audiotaped during my class time for marketing or training purposes.

___ I understand that a virtual class might be recorded for training purposes.



Authorization for use of photos, audio and/or video recordings of class.

I, _____ (student name) **do / do not** (please circle) permit and authorize Capital Region Language Center, LLC (CRLC) and its employees, agents, and personnel who are acting on behalf of CRLC to photograph, video or audio record me 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, video or audio file 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 website, or newspapers. I understand that, although CRLC will endeavor to use my photograph, video or audio recording in accordance with standards of good judgment, CRLC cannot guarantee that any further dissemination of the photograph, video or audio file 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 photograph, video or audio file. I understand that I might be identified by name in photographs, video or audio files. I have read this authorization, and I understand its contents.

Signature: _____

Date: _____

Payment Instructions:

When registering for classes with CRLC, you are registering for an initial session with subsequent sessions to follow. Initial course dates will be provided in your invoice. Payment for the course is made in advance of the first class of the session and can come in 3 forms of payment; cash, check, or charge. If you are paying cash, please coordinate with the business office. Please send checks to the Albany address listed at the top of this registration form. Credit card payments must be made via the Payment Option Form which is available for download on the website's registration page or by calling the office to provide payment information. Credit card payments must be either up front in full or monthly with a recurring payment. Payment must be made prior to the first class. There is a \$35 returned check fee for returned checks.

I plan to pay by (please circle): CHECK, in full CREDIT CARD, in full CREDIT CARD, monthly CASH

Invoices are sent by email. My registration is not complete until my payment has been made. I have read this policy, and I understand its contents.

Signature: _____

Date: _____