



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

### Child/Teen Registration Form

#### Adult/Guardian information:

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 child's instructor. May we share your email with other parents in your child's class?  
Yes No

Please initial:

\_\_\_\_\_ I understand that my child's instructor will have my contact information and that I may receive language-specific and/or general CRLC emails and/or calls.

#### Child/Teen Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Does your child have any special physical needs that we should know about? If yes, please describe:

Does your child have any special learning or behavioral challenges that we should know about? If yes, please describe:

Does your child have any **food** allergies? If yes, please describe:



**Language Course Information:**

Language you are registering for: \_\_\_\_\_ Private or group class: \_\_\_\_\_

For how long do you hope to enroll your child for this language?

Why is your child studying this language?

In addition to teaching, how can we help your child achieve his/her 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 with your child/family? Where to?

What is your favorite social media channel?

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

Please list the name, phone number, and relationship of additional adults who are allowed to pick up your child from their language class:

1.

2.

All of the information provided above is correct and accurate.

\_\_\_\_\_  
Signature and Date

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

**I, \_\_\_\_\_ (parent/guardian name), understand that...**

\_\_\_\_\_ I am registering my child for a session of classes and that neither a refund nor a credit will be issued if we choose to drop the class or if my child is absent from class.

\_\_\_ in the event that my child cannot attend a group class, and I have provided at least two business days' notice, my child is allowed to attend any other group class in the language being studied. 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. If my child is a private class student, I will be given up to two opportunities to reschedule the class time per 20-hour session as long as I provide at least two business days' written notice to both the 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 my child would like to bring a guest, I will seek permission from the instructor and a CRLC staff member.

\_\_\_ my child 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.

\_\_\_ my child is automatically registered for the subsequent course provided the schedule remains the same. If my child's plan is to NOT continue with the language course, I will let the 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 the 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 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, 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 child's 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 child's photograph, video or audio file. I understand that my child might be identified by name in photographs, video or audio files. I have read this authorization, and I understand its contents.

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

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



Capital Region Language Center  
*bridging cultures & connecting communities*  
info@crlcalbany.org  
www.crlcalbany.org

### **Payment Instructions:**

When registering for classes with CRLC, you are registering your child 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: \_\_\_\_\_