



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

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

Child/Teen LEAP! 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): _____

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: _____

School Name: _____ Grade level: _____ Teacher's Name: _____

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:

Language Course Information:

Language you are registering for: 1st choice _____ 2nd choice _____

Class day and time that you are registering for: _____

Why is your child studying this language?



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Does your child have previous exposure to this language? If yes, please describe:

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

1. Name: Relationship: Phone #:

2. Name: Relationship: Phone #:

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 I choose to drop the class or if my child is absent from class.

___ my child may have a substitute teacher if the instructor is unable to fulfill their responsibilities.

___ if CRLC cancels a class, the session dates may be extended to allow for the class to be made up.

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

___ my child is automatically registered for a subsequent LEAP! course.

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

___ LEAP! is an enrichment program, and there will not be required homework.

___ I, or others listed above, must present personal identification in order to pick up my child from the LEAP! program.