



Child's Registration Form

Please email this back to CRLC prior to your child's first class.

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 allergies that we should know about? YES NO

If yes, to what? _____

CRLC Class Information

Language _____

Session _____

Location (Colonie or Malta) _____

Has your child had previous language class experience? YES NO

Where / When? _____

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? _____

All information above is accurate and I have printed and initialed the appropriate attendance contract.

Signature: _____