



Capital Region Language Center  
*Connecting you to the world through language*  
 Parade Ground Village, Malta & 23 Computer Drive East, Albany  
 www.crlcalbany.org

**Children’s Registration Form**

Please email or mail this back to me prior to your child’s first class.

Mail to: **CRLC PO Box 633 Ballston Spa, NY 12020**

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

**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 food or pet allergies that we should know about? Y N If yes, to what? \_\_\_\_\_

**CRLC Class Information**

Language \_\_\_\_\_ Session \_\_\_\_\_ Location (Colonie or Malta) \_\_\_\_\_

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? \_\_\_\_\_

**Payment Instructions:** When registering for classes at CRLC you are registering for a session. Specific dates will be provided in your invoice. Payment for the session is made in advance of the first class and can come in 3 forms of payment; cash, check or charge. If you are paying cash, please make an arrangement to pay Kim or Diane. Please send checks to the PO Box listed at the top of this registration form. Credit card payments must be made by phone with Kim at 518-884-4652. Payment should be made in full for the session, however alternate payment plans can be worked out if need be. If paying monthly, please provide a credit card number (see payment options form). There is a \$35 returned check fee for returned checks. All books must be paid for prior to being issued in class. Invoices are created approximately 2 weeks before a new session begins. Please let us know how you would like to receive that invoice:

Email: \_\_\_\_\_ US Mail: \_\_\_\_\_

The information on this form is accurate:

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



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## Attendance Contract for Children's Group Classes

We understand that your child may miss a class from time to time. For a group class, while we appreciate advanced notice for missed classes, it is not critical as we will still be teaching the class. 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 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 I choose to have my child drop the class.
- \_\_\_\_\_...in the event where my child cannot attend a class, I understand that he / she is allowed to attend any other group class for the equivalent amount of time of the class that was missed. This make up should be done within the current class session and with the knowledge of the Director of CRLC.
- \_\_\_\_\_... my child may have a substitute instructor if the instructor is unable to fulfill responsibilities.
- \_\_\_\_\_...if CRLC cancels a class because of an emergency, the class time will be made up within the session or a class credit will be issued.
- \_\_\_\_\_...if a weather condition prevents CRLC from holding class, I will call or be sure to check my messages in case CRLC has contacted me.
- \_\_\_\_\_...my child is not automatically registered for subsequent sessions. In order to remain in a semi-private or group class I will need to actively let CRLC know by paying invoices in a timely fashion (approximately two weeks prior to the end of the session). I understand that if I do not pay tuition, or talk with the Director of CRLC about special circumstances at the time that I am invoiced, my child may lose his / her space in class.

## AUTHORIZATION FOR USE OF PHOTOGRAPHS AND / OR VIDEO RECORDINGS OF CHILD

I, (printed name) \_\_\_\_\_ do permit and authorize Capital Region Language Center, LLC (CRLC) and its employees, agents, and personnel who are acting on behalf of CRLC to use a photograph or video of 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 or video 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 websites, or newspapers.

I understand that, although CRLC will endeavor to use my child's photograph or video in accordance with standards of good judgment, CRLC cannot warranty or guarantee that any further dissemination of the photograph or video 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 or video.

I understand that my child may be identified by first name in a photo or video. I have read this document and understand its contents.

\_\_\_\_\_  
*Print Parent's Name*

\_\_\_\_\_  
*Parent / Guardian's Signature*