



REGISTRATION FORM - MINOR

New Student Returning Student
Start Date _____ Program _____

Child's Name: _____

M or F _____ Date of Birth: _____

Sibling Name(s) if attending: _____

M or F _____ Date of Birth: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State and Zip: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Names below have permission to pick up child:

1) _____ Relationship: _____

2) _____ Relationship: _____

Are there any allergies or dietary constraints, or other considerations that would be helpful for us to know about your child?

Total Enclosed: _____

Please return pages 1-3 along with tuition to:

By mail: PO Box 1156, Langley, WA 98260

In person: NWLACC Campus, China City Building, Suite #104, 1804 Scott Road, Freeland, WA 98249

RELEASE OF CLAIMS

Release of Claims

The undersigned, as parent or legal guardian of _____ in consideration of inclusion in NWLA Cultural Center programs, do hereby release and discharge NWLA Language & Cultural Center, the director, instructors and staff from all causes of action, liability, claims, and demands whatsoever, should an accident happen to my child during his/her attendance at this program. Undersigned specifically waves any claim or right to assert that any cause of action, claim, or demand has been, through oversight or error, omitted from this release.

Signature: _____

FIELD TRIP PERMISSION

I, hereby, give permission for my child to participate in any and all field trips (including transportation to and from field trips) taken by Northwest Language Academy during camp. Transportation provided by private vehicle, Island transit, or a rental van.

I also understand that advance notice of all field trips will be posted, giving me the time to make other arrangements, should I choose to join the field trip or not to allow my child to participate.

Media Release

I do hereby grant permission to NWLA Cultural Center to use the image of my child, _____ as marked by my selection below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the NWLACC website.

YES NO I agree that NWLA may use photographs of myself or my child for the purposes of illustration and publicity in newsletters, brochures, video and web. No names are typically assigned.

Signature: _____ **DATE:** _____

By signing, I, the legal parent/guardian of the minor, certify that I have read and agree to, and understand the terms for Field Trip Permission and Media Release.

EMERGENCY CONTACTS & RELEASE

Child(ren) Name(s): _____

Mother's Name: _____

Home Phone: _____ Cell Phone: _____

Father's Name: _____

Home Phone: _____ Cell Phone: _____

Alternate Emergency Contact Info

Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Emergency Medical Treatment

I give permission that my child, _____, may be given first aid/emergency treatment by a qualified child care provider and/or staff at

_____ (Name and address of hospital).

When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid care attendant when deemed necessary or advisable by the physician or aid care attendant to safeguard my child's health. I waive my right of informed consent to such treatment.

I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

Doctor: _____ Phone: _____

Health Insurance Co: _____ Policy#: _____

REFUND POLICY – Full tuition is due seven (7) days before start, unless prearranged with NWLA office. Cancellation prior to start incurs a \$100 processing fee. No refunds after class starts. Prior notice is required for absences; no show forfeits a lesson fee.

Parent's Signature _____ **Date** _____

Office Use Only				
<input type="checkbox"/> Paid/Date _____	Initials _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____	<input type="checkbox"/> Salesforce
<input type="checkbox"/> Card (receipt to bookkeeping)				