

Lingua Natal[®]

GIVING CHILDREN MULTILINGUAL EXPRESSION



Student 's Name: _____ Gender: _____ Age: _____ Date of Birth: _____

Address: _____ City : _____ Zip: _____ Home: (_____) _____

Parent 1: _____ Cell: _____ Work: _____

e-mail address 1: _____

Parent 2: _____ Cell: _____ Work: _____

e-mail address 2: _____

Please list your child s Allergies/Medical Concerns _____

Will you leave an epi-pen or an inhaler at school: _____

Please note all our communications are sent via e-mail. Please add Jardin@linguanatal.com as well as info@linguanatal.com to your address book

- Can Lingua Natal use a picture of your child (usually in a group picture) without mentioning his/her name in our Marketing (brochures/web site) []Yes []No
- May your personal information be released for the parents use in our Directory _____ []Yes [] No

6/26 –6/30		Language 1	Language 2	Language 3	NOTES
DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Mark LANGUAGE for the AM					
Mark LANGUAGE for the PM					
Extra care needed AM					
Extra Care needed PM					

7/3—7/7 (Four days)		Language 1		Language 2	Language 3
DAY	Monday	WEDNESDAY	THURSDAY	FRIDAY	
Mark LANGUAGE for the AM					
Mark LANGUAGE for the PM					
Extra care needed AM					
Extra Care needed PM					

7/10-7/14				Language 2	Language 3
DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Mark LANGUAGE for the AM					
Mark LANGUAGE for the PM					
Extra care needed AM					
Extra Care needed PM					

7/17-7/21				Language 2	Language 3
DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Mark LANGUAGE for the AM					
Mark LANGUAGE for the PM					
Extra care needed AM					
Extra Care needed PM					

7/24-7/28				Language 2	Language 3
DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Mark LANGUAGE for the AM					
Mark LANGUAGE for the PM					
Extra care needed AM					
Extra Care needed PM					

7/31-8/04				Language 1	Language 2	Language 3
DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
Mark LANGUAGE for the AM						
Mark LANGUAGE for the PM						
Extra care needed AM						
Extra Care needed PM						

8/07-8/11				Language 1	Language 2	Language 3
DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
Mark LANGUAGE for the AM						
Mark LANGUAGE for the PM						
Extra care needed AM						
Extra Care needed PM						

8/14-8/18				Language 1	Language 2	Language 3
DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
Mark LANGUAGE for the AM						
Mark LANGUAGE for the PM						
Extra care needed AM						
Extra Care needed PM						

8/21-8/23(Three days)				Language 1
DAY	MONDAY	TUESDAY	WEDNESDAY	
Mark LANGUAGE for the AM				
Mark LANGUAGE for the PM				
Extra care needed AM				
Extra Care needed PM				

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY			
NAME	ADDRESS	TELEPHONE	RELATIONSHIP
PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY			
PHYSICIAN NUMBER	ADDRESS	MEDICAL PLAN AND	TELEPHONE () -
DENTIST NUMBER	ADDRESS	MEDICAL PLAN AND	TELEPHONE () -
IF PHYSICIAN CANNOT BE REACHED WHAY ACTION SHOULD BE TAKEN/ <input type="checkbox"/> CAL EMERGENCY HOSPITAL <input type="checkbox"/> OTHER EX-PLAIN:			
NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FOM THE FACILITY <small>(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PESON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHROIAE3D REPRE3SENTATIVE)</small>			
NAME			RELATIONSHIP
SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE			DATE

CONSENT FOR EMERGENCY MEDICAL TREATMENT

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO **LINGUA NATAL, LLC**, TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEO-PATH (D.O) OR DENTIS (D.D.S.) FOR _____. THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED ABOVE.

CHILD HAD THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE



Summer Camp Policies

Please sign below and submit this form back to school

Full Payment is due at the time of registration

DROP OFF AND PICK UP:

There is a 10-min. grace period for children to be dropped off or be picked up, unless they are signed up for extra before or after care.

There are no refunds for the following:

- 1- Cancellation of classes after 6/19
- 2- Failure to complete the scheduled program
- 3- Missed classes or absences

Parents name and signature: _____

Child s name: _____