



INTERNATIONAL LANGUAGES PROGRAM



REGISTRATION FORM

SEPTEMBER – JUNE

SUMMER PROGRAM

International Languages Program: _____ Location: _____

Student Name: _____ Date of Birth: _____
Last Name First Name

Address: _____ Apt #: _____
Number Street

City: _____ Postal Code: _____

Home #: _____ Work #: _____

Cell #: _____ E-Mail: _____

Father's Name: _____ Mother's Name: _____

Emergency Contact: _____
Name Tel #

Medical Concerns: _____

Day School: _____ Grade: _____

This student has attended international language classes for _____ Year(s).

Language(s) Used at Home: _____

ACTIVITY FEE \$: _____

Parent's Signature: _____ Date: _____

Lead Instructor's Signature: _____ Date: _____