

# TalkKids, the world of languages for children

## Application for Admission – 2010

### 1. STUDENT INFORMATION

Family Name \_\_\_\_\_ First Name \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address (Home) \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Tel (H) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Tel (Mobile) \_\_\_\_\_

Sex Male / Female Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Native Language \_\_\_\_\_

### 2. STUDY DETAILS

#### “ESPAÑOL” Spanish for children at St. Rose of Lima School

Level: \_\_\_\_\_ Date you wish to begin your studies: \_\_\_\_\_

### 3. MEDICAL INFORMATION

Do you have allergies or a medical condition?  Yes  No If 'Yes', please describe \_\_\_\_\_

Dietary restrictions \_\_\_\_\_ Recent Operations \_\_\_\_\_

#### EMERGENCY In an emergency, who should be contacted?

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Physician's Name \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Physician's Name \_\_\_\_\_

### 4. TUITION FEES & PAYMENT

Payment may be made by Check payable to TalkKids Inc. or by Credit Card. Please circle one: **Check No.** \_\_\_\_\_

**Credit Card** Visa Mastercard American Express Diner's Club

I authorize TALK to charge \$ \_\_\_\_\_ to my Credit Card # \_\_\_\_\_

In the name of \_\_\_\_\_ with Expiration Date \_\_\_\_\_ Signature \_\_\_\_\_

### TalkKids Programs POLICIES & AGREEMENT

I, the parent of \_\_\_\_\_ understand that TalkKids programs have a **non-refund policy** on all program fees. Only in extreme cases of medical emergencies will the directors review this policy and in that case, **you will need to show a proof**. Only if an extended absence (a full week) due to illness or family emergency happens will a CREDIT be applicable to future camp or language sessions throughout the year. **THERE WILL BE NO CASH REFUNDS**. I also understand that in the event of Acts of God (hurricanes, tornadoes, severe tropical storms) refunds will not be issued either. The TalkKids directors reserve the right to cancel the program for the duration of inclement weather.

I understand that all the precautions are taken to ensure that qualified personnel conduct all the activities and programs during the classes in a responsible and sensible manner. However, I do understand that there is a possibility of accidental injury. I am aware of these risks and I do allow my child to participate in the program. I agree to assume these risks and release and hold TalkKids, their officers, directors and employees harmless from any waive or any claim against TalkKids as to any injury that may occur to our child while attending any of the TalkKids classes.

TalkKids is hereby granted permission to use any individual or group photographs and video taken during any of the classes featuring the children participating in activities for their use in publicity or brochures.

### 6. AGREEMENT (PARENT or GUARDIAN)

I understand and accept the information contained in the “TalkKids” Policy Statement & Agreement and this Application for Admission.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_