The Child & Music
2018-2019 Registration Form

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____

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Please note all our communications are sent via e-mail. Please add 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

Choose your program day , session and program

Programs	Session 1	Session 2	Session 3
Saturday Spanish Immersion			
Tuesday Spanish Immersion			
Friday French Immersion			

18-24 months	2-3 years	3-4 years	5-7 years

"Changing The way Children Learn Languages Since 1993"

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY			
NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY	
PHYSICIAN ADDRESS MEDICAL PLAN AND NUMBER	TELEPHONE ( ) -
DENTIST ADDRESS MEDICAL PLAN AND NUMBER	TELEPHONE ( ) -
IF PHYSICIAN CANOT BE REACHED WHAY ACTION SHOULD BE TAKEN/ [ ] CAL EMERGENCY HOSPITAL [ ] OTHER EX-PLAIN:___	
NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FOM THE FACILITY (CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PESON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHROIAE3D REPRE3SENTATIVE)	
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.) OSTEOPATH (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 AUTHORIZE REPRESENTATIVE SIGNATURE