

CAREER LANGUAGE TRAINING PLLC

ENROLLMENT APPLICATION

I, the undersigned, hereby make application for my child's acceptance into Spanish classes at Career Language Training PLLC. As a condition of acceptance, I covenant and agree to hold Career Language Training PLLC harmless and forever indemnify it, its owners and its agents from any and all liability arising from injuries which I should sustain while on the premises occupied by the school. Upon re-enrollment in subsequent weeks, I understand and agree that the conditions above will be applicable to such re-enrollment and binding on me without the necessity of completing an additional application. Language learning requires a long process for the development and acquisition; therefore, it is important for parents to commit for as long as possible.

Student Name _____ Date of Birth ____/____/____ Age ____

Grade _____ School _____

Student Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Email Address _____

Mother's Name _____

Mother's Place of Employment _____ Work Phone # _____

Father's Name _____

Father's Place of Employment _____ Work Phone # _____

Medical Problems _____

Emergency Contact (other than parent) _____ Phone # _____

No Make Up classes for missed days unless there is an emergency.

I agree to abide by the terms above

I understand that the payment must be paid in full and will not be refunded.

Parent or Student Signature _____ Date _____