

ITALIAN LANGUAGE PROGRAM for CHILDREN

595 ½ Third Street NW - Washington, DC 20001-2703
(202) 638-1348 TEL ~~~ (202) 638-4246 FAX

REGISTRATION FORM

Student's Last Name	First Name	Birth Day (Mo./ Day/ Yr.)	Age
Home Telephone	Home Address	CITY	STATE ZIP CODE
Mother's Name	Home Telephone	Business Telephone	E-mail
Father's Name	Home Telephone	Business Telephone	E-mail
Stepmother / Stepfather/ Guardian's Name	Home Telephone	Business Telephone	E-mail

Circle the number most closely representing your child's skills in the Italian language:

Proficiency in:

a. Understanding	0	1	2	3
b. Speaking	0	1	2	3
c. Reading	0	1	2	3
d. Writing	0	1	2	3

Key:

0= none
1= little
2= fair
3= good

REGISTRATION SUBJECT TO AGREEMENT BELOW

TUITION MUST BE PAID IN FULL AT TIME OF REGISTRATION

- **Credit cards.** Also checks and cash are accepted.
- A \$32 fee will be charged for returned checks.
- Late Registration – Inquire with the school office (202-638-1348).
- **For family discount** inquire with the school office (202-638-1348).
- **Refunds** are given under the following circumstances:
 - The class is full at the time your registration arrives.
 - The class is cancelled due to insufficient enrollment (a minimum of 8 students per class is required).
 - The student notifies CILS in writing 5 business days prior to the start of class.

Enrollment accepted on a first-come, first-serve basis

Signature of Parent/Guardian _____ Date: _____

PLEA

PLEASE complete both sides of this form and sign where applicable.

If sent by mail, enclose both sides with your tuition payment.

Casa Italiana Language School
 595 ½ Third Street NW - Washington, DC 20001-2703
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EMERGENCY INFORMATION FORM

Student's Last Name	First Name	Birth Day (Mo. / Day/ Yr.)	Age
Home Telephone	Home Address	CITY	STATE ZIP CODE
Mother's Name	Home Telephone	Business Telephone	
Father's Name	Home Telephone	Business Telephone	
Stepmother / Stepfather/ Guardian's Name	Home Tel	Business Tel	

Please indicate who should be contacted in an emergency when parent(s) cannot be reached:

Last Name	First Name	Telephone
Last Name	First Name	Telephone
Physician's Name	Address	Telephone

Preferred hospital for emergency care: _____

**For immediate medical attention, your child will be taken to the nearest hospital.
 List allergies, chronic pathology, medications, medical problems etc.**



CONSENT FORM FOR PHOTOGRAPHING AND FILMING YOUR CHILD

Children Program

During the party that will be held at the end of the school year, we would like to show to all the parents the work done by their children during the school year 2020/2021 of “Children program”. To do this, we are planning to take pictures and/or make video during school projects. We would like your permission to use these pictures and video during the end of the year party and on our website/Facebook. We will never provide any reference about your child’s name or provide any specific information regarding your child. Also, we will never sell these pictures and video, we will use them exclusively for Casa Italiana Language School purposes.

Please take a moment to let us know your preferences regarding our use of photos and video of your children:

_____ YES. I give permission to Casa Italiana Language School to use the picture/video or likeness in promotion of Casa Italiana Language School’s Website/Facebook in printed or electronic media. I renounce any claims upon Casa Italiana for reimbursement for use of this material.

_____ NO. Please do NOT take or use any photos/video recordings of my child.

Please print

Parent/Guardian Name: _____ Child(ren)’s Name: _____

Signature of Parent/Guardian _____ Date: _____