



Elementary Registration Form

Mail to: P.O. Box 821384 Vancouver, WA 98682
360-883-5658 direct
www.languageacademyinc.com

In order to ensure your child a place in our school year,
please fill out the information below and return.

Thank you!

Child's Information

Last name _____ First _____
 Address _____ City _____ Zip _____
 Birth date _____ Age _____ Allergies? Y / N
 Please list: _____

Parent Information

Mother / Guardian:

Name _____
 Address _____
 Home phone _____
 Work / Cell phone _____
 Email _____

Father / Guardian:

Name _____
 Address _____
 Home phone _____
 Work / Cell phone _____
 Email _____

If parents are separated, the student lives with: _____

If parents are separated, are duplicate mailings desired? _____

Please circle which grade your child will attend:

*subject to availability

Kindergarten First Grade Second Grade Third Grade
Fourth Grade Fifth Grade Sixth Grade

After School Program (4:00pm - 5:00pm) 2 day* 3 day* 5 day
separate fees apply ____ / ____ ____ / ____ / ____ Mon -Fri

Emergency Information

If a parent cannot be reached in emergency, please contact:

Name _____ Phone _____

Parent Signature _____ Date _____

(The information above is accurate and will be published in our student directory unless I decline in writing.)

For office use only: Date received _____ Initial _____



Parent Authorization



Release of child

In addition to the parents listed on the registration form, I authorize La Escuela to allow my child, _____, to leave the facility with the following people only:

Name _____ Drivers License # _____

Name _____ Drivers License # _____

Name _____ Drivers License # _____

In an emergency, a parent may call the school to give the name and license # of a person picking up the child who is not on the list above. However, no child will be released to someone who is not on the list or has not been authorized by a parent.

Medical Release - PLEASE FILL IN ALL BLANKS

In the event that I cannot be reached at a time of illness or accident, I authorize La Escuela (or a representative of) to take my child to:

Physician: _____ Address: _____ Ph# _____

Hospital: _____ Address: _____ Ph# _____

If the above cannot be reached, permission is granted for another licensed physician to be called or my child to be taken to the closest hospital and treated by the physician on call.

By signing below, I authorize the information above for the release of child (I.) and the medical release (II.)

Parent Signature _____ Date _____

III. Photographs

As your child participates in the program throughout the year, we would like to take some pictures to put together class books. Pictures may also be used for marketing or advertising purposes. Your signature below gives your consent for your child to be photographed.

Parent Signature _____ Date _____

Language Academy Inc. admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs and athletic and other school-administered programs.