



Part I: Child's Program Information

(1) _____
 Child's Last name Child's First name Age at start of session

 Language/Class Day/Time Location Session: F W S Sum

(2) _____
 Child's Last name Child's First name Age at start of session

 Language/Class Day/Time Location Session: F W S Sum

 Parent's Last name Parent's First name Emergency number Home Phone

 Parent's email

 Street Address City State Zip

Please describe your child's previous language experience. _____

Where did you find out about LLL? _____

Part II: Safety & Waiver Release

Safety & Insurance

The safety of your child is important to us. The Little Language League strives to conduct its programs safely and expects all participants to follow safety rules and instructions which have been designed to protect and enhance the participants' safety. The Little Language League carries general liability insurance for its operations; however, please be advised that The Little Language League does not carry medical insurance for accidental injuries sustained in its programs. Therefore, each person registering himself/herself or a family member for a Little Language League program should review his/her own health insurance policy for coverage.

Waiver & Release

I understand The Little Language League shares my concern about the safety of my child. However, I understand The Little Language League does not accept responsibility for injuries, damage, or loss which my child may suffer while participating in Little Language League programs. Accordingly, I agree to assume the full risk of any physical injuries, damage, or loss regardless of severity, which I or my child may sustain as a result of participating in any and all activities connected with or associated with any Little Language League program. On behalf of myself, my spouse and my child, I hereby waive, relinquish, fully release and discharge, and further agree to indemnify, hold harmless and defend The Little Language League, its owners, directors, agents, servants,

employees and landlords against any and all rights, claims, causes of action and liabilities of any sort that I or my child may have now or in the future, including but not limited to, any claims for personal injuries, medical expenses, property damage, or losses sustained by me or my child arising out of, connected with, or in any way associated with the activities of Little Language League programs.

Permission to Secure Treatment

In the event of an emergency, I authorize The Little Language League to secure from any licensed hospital, physician, or medical personnel any treatment deemed necessary for my child's immediate care and I assume responsibility for payment of all medical services rendered.

Photo Permission

All participants agree that any photography or video taken while participating in a class or special event may be used for promotional purposes for The Little Language League.

I have read and fully understand the sections on Safety & Insurance, Waiver & Release, Permission to secure Treatment, and the Use of Photographic Images.

Parent/Guardian signature: _____ **Date:** ____/____/____

Part III: Tuition

Tuition: *Tuition is due in full at registration.* Tuition may be paid by personal check (\$35 returned check fee), cash, or with Visa/MasterCard.

Refund Policy: Due to the small size of our classes, we cannot offer refunds except in the case of severe illness of the child with a note by a physician. Please choose your class carefully.

Tuition Due (*Refer to Schedule*)

Less Applicable Savings Plan

- 10% Passport Savings Year Plan (by 8/31) _____
- 5% Advanced Fall Payment (by 6/30) _____
- Registration Fee (first-time families only) \$25 _____

*Special Note:
With a savings
plan, payment
must be made by
cash or check.*

Total Tuition Due: _____

Part IV: Payment Information

Payment: **Check** **Visa** **MasterCard**

Name (as it appears on the credit card): _____

Credit Card Number: _____ **expiration date:** ____/____

Card Verification Number (last 3 digits on back of card) _____

Signature: _____ **today's date:** ____/____/____

Please return signed form with payment to:
Little Language League, 22 Purdy Avenue Rye, NY 10580. Call (914) 921-9075 with any questions.