



For Office Use – OEN:

Please use ONE form per family

Language \_\_\_\_\_

Location \_\_\_\_\_

**INTERNATIONAL LANGUAGE PROGRAM - REGISTRATION FORM**

**2019-2020**

Child's Legal LAST Name	Child's Legal FIRST Name	DOB M/D/Y	Gender M or F	Grade	Current Elementary School	IL Teacher Name

**Children's Address**

<b>City</b>	<b>Postal Code</b>	<b>Home Phone</b>
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**Allergies or Health Concerns:**

**Name of Parents/Guardians**

**Address (If different from student), City & Postal Code**

<b>Home Phone</b>	<b>Business Phone</b>	<b>Cell Phone</b>
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Parents/Guardians:

By signing this Registration Form, I agree that the child/children attending an International Language Program will be supervised by a Windsor-Essex Catholic District School Board approved instructor for the two (2) hour class period and, if necessary, fifteen (15) minutes before and/or after class.

All other supervision is the responsibility of the parent. As parent or guardian, you have sole responsibility for the care and safety of your child/charge outside of these time frames, and by signing this form and registering your child you hereby release, waive, and hold harmless the Windsor-Essex Catholic District School Board from any claim, action, cause of action of any kind howsoever caused as a result of injury to or any misadventure befalling your child/children/charge occurring more than 15 minutes before or 15 minutes after class

Signature of Parent/Guardian	Date
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