



Languages And Culture In Action

LACIA Registration Form

STUDENT INFORMATION

Student Name: _____

Age(Adult N/A): _____ Grade: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Email: _____

SESSION INFORMATION

Class/Event ID: _____ TITLE _____

Amount Enclosed _____

GUARDIAN INFO

Name: _____

Father Mother Other

Phone: _____ Emergency Phone _____

Parent/Alt Email _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Emergency Contact _____ Emergency Phone _____

Parent/Alt Email _____

SPECIAL NOTES:

RELEASES

By signing below, I allow LACIA to utilize my children or my photo/name on LACIA's web site or in any literature used to promote/advertise LACIA programs or services.

PARENT/GUARDIAN _____ (This authorization has no expiration date unless the below is checked and a date is provided)

(Optional) This authorization expires on _____.