

UWMC CONTINUING EDUCATION'S
WORLD LANGUAGES ACADEMY or WIZARDING ACADEMY
2009 REGISTRATION

COMPLETE ALL ITEMS - ONE PER CHILD

Name: _____

Address: _____

City: _____ Zip _____

08/09 School Grade _____ Male _____ Female _____ School _____

T- SHIRT SIZE : YS YM YL AS AM AL AXL Email Address: _____
YOUTH: SMALL, MED, LARGE ADULT: SMALL, MEDIUM, LARGE, XLARGE

I hereby release UW-Marathon County and all its employees from any liability for injury or damage or loss of personal property which might occur while my child is enrolled in World Languages Academy, Wizarding Academy or other enrichment programs. I also give permission for my child to be photographed while in classes with the understanding that it will only be used to illustrate and promote the UW-Colleges Continuing Education programs.

Parent's Signature _____

Home Phone: _____ Work phone: _____

WORLD LANGUAGES ACADEMY Preferred Unit: (number 1, 2, 3 in order of preference)

SESSIONS:

June 15 - 19 - for children who have completed grades K, 1 or 2Deposit: \$25

June 22 - 26 - for children who have completed grades 3, 4 or 5Deposit: \$40

UNIT: _____Zhungguo Cum (Chinese) _____ Les Jeunes Francophones (French)

_____Deutsche Schuler (German) _____Gurukul (Hindu) _____Los Hispanohablantes (Spanish)

WIZARDING ACADEMY

July 27 - 31Deposit: \$35

My child has special classroom needs or food allergies: _____

Emergency Contact (other than a parent):

Name: _____

Phone: _____

TOTAL ENCLOSED: \$ _____ Scholarship application attached (inside back cover)

VISA MasterCard DISCOVER # _____ EXP DATE _____

Card Signature _____