

Please print clearly in black ink. Do not staple or tape anything to this form. You will automatically be placed in your second choice if your first choice is filled.

First Choice	Language	Location	Dates	Session Code
Second Choice	Language	Location	Dates	Session Code

Youth Participant Former villager

Full Name _____
Last First Middle

Sex: Male Female Birth Date ____/____/____
Month Day Year

Street _____

City _____ State _____

ZIP _____ Country _____

Home Phone _____

Language Experience _____

School Information for Youth Participant Homeschool

Highest grade completed prior to session _____

School Contact/Language Teacher _____

School/Teacher E-Mail _____

School Name _____

Street _____

City _____ State _____

ZIP _____ Country _____

School Phone _____ School Fax _____

Cabin Mate Request (optional) Please list only one name. Requests must be mutual.

Adult 1 (Parent / Guardian)

Will receive communication before and during session.

Full Name _____
Last First Middle

Sex: Male Female Birth Date ____/____/____
Month Day Year

E-Mail (required) _____

Custodial parent/guardian at time of session? Yes No

Relationship to Youth Participant _____

Mailing Address Same as Youth

Street _____

City _____ State _____

ZIP _____ Country _____

Home Phone _____ Cell Phone _____

Profession/Occupation _____

Employer _____ Work Phone _____

Employer's Location (City, State, Country) _____

Concordia Language Villages Alum Staff

Concordia College, Moorhead, Minn. Student Alum Staff

How did you hear about us? _____

Adult 2 (Parent / Guardian)

Also include in communication before and during session? YES NO

Full Name _____
Last First Middle

Sex: Male Female Birth Date ____/____/____
Month Day Year

E-Mail (required) _____

Custodial parent/guardian at time of session? Yes No

Relationship to Youth Participant _____

Mailing Address Same as Youth

Street _____

City _____ State _____

ZIP _____ Country _____

Home Phone _____ Cell Phone _____

Profession/Occupation _____

Employer _____ Work Phone _____

Employer's Location (City, State, Country) _____

Concordia Language Villages Alum Staff

Concordia College, Moorhead, Minn. Student Alum Staff

How did you hear about us? _____

Mail, fax, or e-mail completed form with non-refundable deposit to:

Concordia Language Villages
 901 8th St S
 Moorhead, MN 56562
 (800) 222-4750
 clvregister@cord.edu
 Fax: (218) 299-3807

Non-Refundable Deposit

- Summer Villages \$300
 Day Camp/Pre-K \$35

Please review terms and conditions on reverse side.

Emergency Contact

(If unable to reach parent/guardian during session.)

Name _____

Relationship to Participant _____

Home Phone _____

Work Phone _____

Cell Phone _____

Payment Method

- Check included
 VISA MasterCard DISCOVER

Billing Address

Street _____

City _____

State _____ ZIP _____

Country _____

Credit Card Authorization

Passport Fund Donation \$ _____

Charge Total Amount \$ _____

Card number _____

3-digit CVV Code _____ Expiration date _____

Cardholder name _____

Signature _____

Date _____

Office Use Only

Initials _____ Date Received _____



Passport Fund

You can give a child the opportunity to discover a wider world! Your contributions to the Passport Fund provide scholarship dollars that enable bright, motivated young people with limited financial means to attend Concordia Language Villages' immersion programs.

Make your gift when you register or online at www.ConcordiaLanguageVillages.org.

Registration Policies

The date items are considered "received" is determined by the postmark or timestamp on the letter, fax, or e-mail. Non-refundable deposit is due upon registration. Full tuition for summer programs must be paid by June 1. Registrations after June 1 must be paid in full at time of registration. Contact our finance office about payment plan options.

Online registrations will be assigned available space in real time. Paper registrations are assigned available space as they are manually processed.

Given our mission and the program that has been designed to support that mission, receipt of your child's registration confirms that your child is able to independently:

- Meet his/her personal needs such as getting dressed, showering and eating;
- Move from place to place; and
- Effectively interact in our group-based and community-living environment.

Villagers sent home due to disciplinary reasons, homesickness, or inability to manage pre-existing medical, mental, emotional or social health conditions will not receive a refund.

The villager experience is based on a communal living environment with shared bathroom and shower facilities, and therefore villagers are housed only in same biological sex groupings.

Health Concerns:

Our program may not be a good fit for some people with a mental/emotional health diagnosis. If you have a concern, please contact our Health Services office prior to registering.

For villagers enrolled in Summer Programs (June-August): Villager Health Forms must be completed and returned to our Health Services office by May 1 or, for late enrollments, 3 weeks prior to the session. Information is shared with staff only on a need-to-know basis. Villagers are expected to arrive healthy and able to participate. We reserve the right not to admit a person who poses a communicable illness threat.

Cancellation Policy:

BEFORE DECEMBER 1 100% OF ALL PAYMENTS INCLUDING DEPOSITS ARE REFUNDABLE. AFTER DECEMBER 1, ALL DEPOSITS ARE NON-REFUNDABLE

PRIOR TO May 1:

If cancellation is received by April 30 a 100% percent refund of the total paid tuition will be given minus the non-refundable deposit.

MAY 1 THRU MAY 31:

If a cancellation is received May 1-31 a 50% refund will be given of the total paid tuition minus the non-refundable deposit. Upon cancellation all discounts will be forfeited. Any remaining balance due must still be paid.

JUNE 1 AND AFTER:

If a cancellation is received on or after June 1 no refunds will be given. Villagers who do not report to a session will not receive a refund. No adjustment in tuition is made for late arrival, early departure, or dismissal. All refunds must be requested within 30 days of session end date. After a refund is approved, it will be processed within 30 days. All deposits are non-refundable.

We reserve the right to cancel or withdraw any program without notice. Concordia Language Villages is not responsible for costs incurred by a participant in preparing for a program that has been altered or cancelled. A completed and processed application denotes that the signer understands and agrees that Concordia Language Villages reserves the right at any time to alter these terms and regulations and other conditions stated within the Parent Handbook and other literature printed by Concordia Language Villages.

Concordia Language Villages now partners with TravMark to supply a unique comprehensive protection plan for participants and their families. Complete details of the plan and enrollment forms are available online at www.travmark.com or call 1.888.420.5378.

Check Processing Policy:

When you provide a check as payment to Concordia College or Concordia Language Villages, you authorize us either to use the information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When information from your check is used by Concordia College or Concordia Language Villages to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution. To ensure proper credit to correct account be sure to include the participants name in the memo line. A \$25 service fee or the maximum amount allowed by law will be added to all returned checks. Returned check fees may be collected electronically via ACH.

IMPORTANT INFORMATION CONCERNING E-MAIL:

WE WILL COMMUNICATE WITH YOU VIA E-MAIL BEFORE AND DURING YOUR CHILD'S SESSION. PLEASE PROVIDE AN ACCURATE PARENT/GUARDIAN E-MAIL ADDRESS UNDER "ADULT 1." IF MORE THAN ONE E-MAIL IS PROVIDED ON THE REGISTRATION FORM, WE WILL CONSIDER THIS AN AUTHORIZATION TO SEND INFORMATION REGARDING YOUR REGISTRATION OR YOUR VILLAGER'S PROGRESS DURING THE SESSION TO THE ADDITIONAL E-MAIL ADDRESS PROVIDED.

College Credit Applicants

Please include with this registration form:

- 1) A deposit
- 2) Letters of recommendation from a language teacher **and** from someone in your community
- 3) High school transcript
- 4) A short composition in French, German, or Spanish (100 to 400 words) entitled "Why I want to Participate in the College Credit Program."
- 5) Social security number (required for IRS form 1098T) _____