

ENGLISH CROSSING

Date	_____
ROCK	_____
Class	_____

STUDENT REGISTRATION FORM

Name: _____	Circle: Male Female
Birthdate: _____	Campus: CDC MTCC Hendrix
Address: _____	
City: _____	ZIP code: _____
Telephone: _____	Email: _____
Native Language: _____	Native Country: _____

Spouse's Name (if attending) _____	Circle: Male Female
Birthdate _____	Phone Number _____

Do you have children who will attend with you? Please list names and birthdays.

Name: _____	Circle: Male Female
Birthdate: _____	Allergies: _____

Name: _____	Circle: Male Female
Birthdate: _____	Allergies: _____

Name: _____	Circle: Male Female
Birthdate: _____	Allergies: _____

Name: _____	Circle: Male Female
Birthdate: _____	Allergies: _____
Name: _____	Circle: Male Female
Birthdate: _____	Allergies: _____
Name: _____	Circle: Male Female
Birthdate: _____	Allergies: _____
Name: _____	Circle: Male Female
Birthdate: _____	Allergies: _____

Permission to Use Photograph

_____ Yes, I grant to English Crossing the right to take photographs of me and my family. I authorize English Crossing to copyright, use and publish the same in print and/or electronically, including, but not limited to, on the internet, in email and Facebook.

I agree that English Crossing may use such photographs of me with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising and Web content. I have read and understand the above:

Signature _____ Date _____

Printed Name _____

Or _____ NO, I do Not give English Crossing permission to use photographs:

_____ Date _____

Printed Name: _____

English Crossing Use Only:

Class/Level _____ Spouse Class/Level _____

Other Notes: _____