

# Family Registration

Please print clearly in black ink. Do not staple or tape anything to this form.

Language \_\_\_\_\_ Location \_\_\_\_\_ Dates \_\_\_\_\_ Adult Session Code \_\_\_\_\_ Youth Session Code \_\_\_\_\_

**Adult 1 (Parent / Guardian) (Primary Contact)**

Full Name \_\_\_\_\_  
Last First Middle

Male  Female Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Relationship to Youth Participant \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

ZIP \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Profession/Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer's Location (City, State, Country) \_\_\_\_\_

Are you the custodial parent at time of child's session?  Yes  No

Language experience \_\_\_\_\_

Concordia Language Villages  Alum  Staff

Concordia College, Moorhead, Minn.  Student  Alum  Staff

How did you hear about us? \_\_\_\_\_

**Adult 2 (Parent / Guardian)**

Full Name \_\_\_\_\_  
Last First Middle

Male  Female Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Relationship to Youth Participant \_\_\_\_\_

Mailing Address  Same as Adult 1

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

ZIP \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Profession/Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer's Location (City, State, Country) \_\_\_\_\_

Are you the custodial parent at time of child's session?  Yes  No

Language experience \_\_\_\_\_

Concordia Language Villages  Alum  Staff

Concordia College, Moorhead, Minn.  Student  Alum  Staff

How did you hear about us? \_\_\_\_\_

**Youth Participant 1**

Full Name \_\_\_\_\_  
Last First Middle

Male  Female Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**Youth Participant 2**

Full Name \_\_\_\_\_  
Last First Middle

Male  Female Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**Youth Participant 3**

Full Name \_\_\_\_\_  
Last First Middle

Male  Female Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**Youth Participant 4**

Full Name \_\_\_\_\_  
Last First Middle

Male  Female Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**Mail or fax completed form with non-refundable deposit of \$195 per person for Family Weeks or \$100 per person for Family Weekends to:**

**Family Programs (September-May)**

Concordia Language Villages  
 8659 Thorsonveien NE  
 Bemidji, MN 56601  
 (800) 450-2214  
 clvevent@cord.edu  
 Fax: (218) 586-8601

**Family Programs (June-August)**

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

*Full payment due 21 days before start of program. Please review all cancellation policies on Page 2.*

**Payment Method**

Check included  VISA  MasterCard

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Passport Fund Donation \_\_\_\_\_

**Total Charge Amount** \_\_\_\_\_

Cardholder Name (Please Print) \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Country \_\_\_\_\_

Signature \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

**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](http://www.ConcordiaLanguageVillages.org).

**Family Week and Family Weekends**

For programs between September and May, a full refund less the deposit will be made for cancellations received at least 21 days prior to the start of the program.

For summer programs, please refer to payment schedule and refund policy online. Refund amounts vary based on when cancellation is received.