

2010 ADVENTURE DAY CAMPS

Final Registration / Emergency / Release / Transportation Form

In order to finalize your child's registration, we ask that you complete and return this form as soon as possible in the envelope provided, but NO LATER THAN THREE WEEKS BEFORE THE FIRST DAY OF THE SESSION. If you have questions regarding the request for this information, please contact our Bemidji office.

COMPLETE AND RETURN THIS FORM NO LESS THAN THREE WEEKS BEFORE THE FIRST DAY OF THE SESSION; CALL US IF LESS THAN THREE WEEKS AHEAD.

Transportation Office
Concordia Language Villages
8659 Thorsonveien NE
Bemidji, MN 56601
Information and replacement forms are available at: www.ConcordiaLanguageVillages.org

Phone (800) 450-2214
(218) 586-8600
Fax (218) 586-8601
daycamp@cord.edu

EMERGENCY CONTACT INFORMATION

In the event that the parents or custodial guardians listed on this child's original registration form are not available, please contact:

Name _____ Relationship to Villager _____ Phone _____

Name _____ Relationship to Villager _____ Phone _____

VILLAGER RELEASE DOCUMENTATION

In order to ensure the safety of your villager, we require that you provide us with the legal names and phone numbers of all individuals who are authorized to pick up your villager at the Village or any of our transportation hubs: (PLEASE BE SURE TO ALSO NOTE THIS INFORMATION IN YOUR VILLAGER'S PASSPORT)

HOW WILL YOUR VILLAGER BE ARRIVING TO AND DEPARTING FROM THE VILLAGE?

Villager will be arriving and departing by private car daily

Cost
(Circle Price) \$0

Villager will be taking the Bemidji shuttle daily

Fee enclosed \$25
Fee was already paid with registration \$0

The shuttle will drop off and pick up at Lueken's Village Foods North
1171 Paul Bunyan Dr NW
(near the ATM in the parking lot)

Note: Morning pick up at 8:30 a.m.,
afternoon drop off at 4 p.m.

PAYMENT INFORMATION

Check Enclosed Check Number _____

Please charge **VISA** or **MasterCard** (circle one)

Card Number _____ Exp. Date _____

CVV Number (from back of credit card) _____

Amount \$ _____

Print Name Clearly _____

Signature _____

CONCORDIA LANGUAGE VILLAGES PASSPORT

Villager Name _____

Home Address _____

City/State _____

Postal Code _____ Country _____

Date of Birth _____ Gender M F

Program _____

Session Start Date _____

Session End Date _____

SCHOOL INFORMATION

Homeschool

School Name _____

Address _____

City _____ State _____ ZIP/Postal Code _____

High School Graduation Year _____

LANGUAGES STUDIED/LANGUAGE EXPOSURE

Language(s)? _____

Where? How long? _____

Are you a former villager? Yes No

Name of Village attended _____

Number of years attended _____



The Concordia Language Villages program does not discriminate or deny benefits to its USDA Child Nutritional Programs on the basis of race, creed, color, national origin, age, sex or physical handicap and is in full compliance with Title IX of the Educational Amendments of 1972. © 2010 Concordia College, Moorhead, Minnesota 1416_2/PDF/0210