



CONCORDIA LANGUAGE VILLAGES

Concordia Language Villages
Village Weekends
8659 Thorsonveien NE
Bemidji, MN 56601
(218)586-8600 OR
(800)450-2214

For Office Use Only

Date Rec'd _____

Money Rec'd _____

School Registration Form

PLEASE NOTE: Your students' individual registrations cannot be processed without the information on this form. Please fill out & send this form along with your Villager Registration Forms or we cannot complete your registration! Also, please fill out & send a separate School Registration Form per school for each language and session you are attending.

Lead Teacher Information (this is the person with whom we will conduct all correspondence)

Name _____ Gender _____ School and ISD# _____

E-mail _____ School street address _____

School Phone _____ City _____ State _____ Zip _____

School Principal _____ Principal's Email _____ Teacher's years of participation (including this year) _____

Are you Attending? Yes No

If YES, please fill out a Teacher/chaperone Registration and Mandatory Accommodations Form

Group Information

Language _____ Dates of Program _____ Number of Participants _____

For Housing Purposes:

Number of male participants: _____ Number of female participants _____

Name and email address of teacher who will be responsible for your students on-site, if different from the lead teacher: _____

Transportation Information:

_____ I or someone from my school is driving a: Bus Car Van

Please include the driver's Teacher/Chaperone Registration Form and Mandatory Accommodations Form

_____ We are hiring our own transportation service.

Does this driver need on-site housing and meals? Yes No

I understand that the standard arrival time is between 5 - 6 pm the first day and the standard departure time is between 9 - 10 am the final day. I will contact the dean regarding travel arrangements outside of these times at least 30 days prior to the start of my program. _____ (initial)

CHECKLIST - I am including these materials:

<input type="checkbox"/> School Registration Form (one/school/language) Send back to weekends@cord.edu as PDF	These forms may be sent separately, and are due 30 days before your program:
<input type="checkbox"/> Chaperone Policy Form (one/school/language) Send back to weekends@cord.edu as PDF	
<input type="checkbox"/> Villager Registration Forms (one/student in Campdoc)	<input type="checkbox"/> Teacher/Chaperone Registration Forms (one/adult in Campdoc)
<input type="checkbox"/> Mandatory Accommodations Forms (one/student) (online in Campdoc)	<input type="checkbox"/> Mandatory Accommodations Forms (one/adult)(online in Campdoc)

Chaperones and other attending adults (e.g. interpreters, support staff, etc.)

Please list the names of all adults attending with your group. Have them complete and submit a Teacher/Chaperone Registration Form and Mandatory Accommodations Form. We need a registration and mandatory accommodation form for all attending adults so sleeping arrangements and meals can be made for them. **Please bring one female and one male chaperone per 1 - 10 students of each gender (1 - 8 for middle school and 1-6 for elementary programs).** Further information on our chaperone policy can be found in The Teacher Handbook.

Name	Relationship to group (check one)
_____	<input type="checkbox"/> Teacher chaperone <input type="checkbox"/> Parent chaperone <input type="checkbox"/> Amity chaperone <input type="checkbox"/> Student teacher chaperone <input type="checkbox"/> Other adult
_____	<input type="checkbox"/> Teacher chaperone <input type="checkbox"/> Parent chaperone <input type="checkbox"/> Amity chaperone <input type="checkbox"/> Student teacher chaperone <input type="checkbox"/> Other adult
_____	<input type="checkbox"/> Teacher chaperone <input type="checkbox"/> Parent chaperone <input type="checkbox"/> Amity chaperone <input type="checkbox"/> Student teacher chaperone <input type="checkbox"/> Other adult
_____	<input type="checkbox"/> Teacher chaperone <input type="checkbox"/> Parent chaperone <input type="checkbox"/> Amity chaperone <input type="checkbox"/> Student teacher chaperone <input type="checkbox"/> Other adult
_____	<input type="checkbox"/> Teacher chaperone <input type="checkbox"/> Parent chaperone <input type="checkbox"/> Amity chaperone <input type="checkbox"/> Student teacher chaperone <input type="checkbox"/> Other adult
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_____	<input type="checkbox"/> Teacher chaperone <input type="checkbox"/> Parent chaperone <input type="checkbox"/> Amity chaperone <input type="checkbox"/> Student teacher chaperone <input type="checkbox"/> Other adult
_____	<input type="checkbox"/> Teacher chaperone <input type="checkbox"/> Parent chaperone <input type="checkbox"/> Amity chaperone <input type="checkbox"/> Student teacher chaperone <input type="checkbox"/> Other adult

Language Teachers

Please list the names of ALL language teachers who are sending students with your group to the Village Weekend, whether they are attending the program or not. Also list the numbers of years that each teacher has sent students. We use this information to keep track of teacher awards.

Name (first and last)	School	Attending Y/N	Teacher's years of participation (including this year)
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Cell number to be reached on route: _____

Name and telephone number of top of the calling tree (see Teacher Handbook)
