



# Pasadena Language Center

## REGISTRATION APPLICATION

### APPLICANT INFORMATION (ADULTS)

Name:

Current Address:

City:

State:

ZIP Code:

Phone:

Email:

How you heard about us:

### APPLICANT INFORMATION (CHILDREN)

Name Child 1:

Date of birth:

Name Child 2:

Date of birth:

Name Child 3:

Date of birth:

Parent or Legal Guardian Phone:

### EMERGENCY CONTACT (for children only)

Name of a relative:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

### PHYSICIAN INFORMATION (for children only)

Name:

Phone:

Address:

### LANGUAGES INTERESTED IN

Languages:

Program & Level:

Time:

Comments:

### SIGNATURES

I affirm that I read the Pasadena Language Center Terms of Use and Agreement, and that I am at least 18 years of age.

Signature of applicant:

Date:

Signature of Parent or Legal Guardian:

Date: