



Arlington Heights School District 25

STARTALK Chinese Language Immersion Summer Program

Have you ever wanted to learn the language spoken by over 1.2 billion people in the world? This intensive, yet fun-filled 5-week program introduces students to the basic Chinese language skills of listening, speaking, reading, and writing. Take this unique opportunity to explore the language and experience the Chinese culture. The program will include student-centered, task-based, and technology-enhanced activities. A high level of commitment to learning and fun is required for this course.

FAST FACTS about STARTALK:



1. Teaches Chinese language and culture to students who have completed grades 3-7.
2. Runs from June 16- July 17 at South Middle School. From June 16-July 10, the STARTALK Chinese classes will be held from 12:30-3:30 p.m. From July 13-17, STARTALK will be held from 8:30 a.m.-3:30 p.m.
3. The cost of STARTALK is \$100 for the entire 5-week program. However, \$75 of that fee will be refunded if the student attends 18 of the 23 days of STARTALK.
4. Students may enroll in both Summer U and STARTALK. Students enrolled in both programs will be able to eat lunch from 11:55 am -12:30 p.m. during the 5 weeks of STARTALK.
5. Presently, we have capacity in the STARTALK program for 75 students who have completed grades 3-7. We have not filled all 75 spots, so registration will continue on a first come, first served basis. Registration will be open to non-residents starting April 1st.
6. Families will receive confirmation through the mail. We will send a Friday Packet notice and make a posting on the website when the program is at capacity.

ARLINGTON HEIGHTS SCHOOL DISTRICT 25 STARTALK REGISTRATION FORM

STARTALK Registration:
February 23 – April 30 (or until maximum
enrollment)

Arlington Heights School District 25 will host STARTALK, a low-cost summer school program that immerses students in the study of the Chinese language and culture for five weeks. STARTALK is a National Security Language Initiative that aims to expand foreign language education in under-taught critical languages. District 25 residents currently enrolled in grades 3-7 will have the opportunity to participate in this innovative and unique summer program, in addition to our regular summer school offerings.

Complete a separate form for each child. Please print clearly in blue or black ink.
This form and the HEALTH/EMERGENCY FORM are required for registration.

Student Name: _____ Home Telephone # _____

Address: _____

Current Grade: _____ School: _____ Teacher: _____

Location: SOUTH MIDDLE SCHOOL
400 S. Highland Avenue
Arlington Heights, IL 60005

Dates & Times: June 16 – July 10, 2009 from 12:30-3:30 pm
July 13 –17, 2009 from 8:30 am – 3:30 pm
Lunch: 12:00-12:30

_____ My child will eat lunch prior to coming to STARTALK.

_____ My child will plan to attend the lunch hour on most days.

_____ My child would be interested in purchasing a hot lunch meal if offered.

_____ My \$100 check made payable to Arlington Heights School District 25 is enclosed. \$75 of the tuition will be refunded if my student attends 18 of the 23 days of STARTALK.

Please return this registration form, the HEALTH/EMERGENCY FORM, and your payment to:
Arlington Heights School District 25
Department of Instruction – STARTALK
1200 South Dunton
Arlington Heights, IL 60005

For Office Use Only: Date Entered _____
Check# _____ \$ _____

STARTALK 2009 HEALTH / EMERGENCY INFORMATION FORM

Complete a separate form for each child. Please print clearly using blue or black ink.
This form *and* the Registration Form are required for registration.

Student Name _____ Home Phone # _____

Address _____
number street city state zip code

CURRENT Grade _____ Home School _____ Classroom / Homeroom Teacher _____

Mother's Name _____ Father's Name _____

Home Phone # _____ Home Phone # _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Persons to be contacted in case of emergency (other than those listed above):

Name _____ Phone (include area code) _____

Name _____ Phone (include area code) _____

Health Information: Please answer the following questions with regard to your child by marking the appropriate box. Does your child have any of the following conditions?

- Allergies To what? _____
- Asthma Limitations? _____
- Epilepsy / Seizures
- Diabetes
- Heart condition Restrictions? _____
- Insect sting reaction Emergency measures necessary? _____
- Recent surgery What type? _____
- Stomach or bladder problems
- Wears glasses or contact lenses (Please circle one)
- Takes daily, prescribed medication What type? _____
- Will this be taken at school? circle one: yes no (If yes, additional permission form is necessary. See the summer school principal at your site.)
- Other pertinent health information the school should know:

Emergency Consent: If the parents (or guardians) cannot be contacted in case of serious injury or illness, I authorize the school to take such emergency action as may be deemed necessary, including the transportation of the student to a hospital or medical center. As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the above named minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

X _____

Date

Signature of Parent or Legal Guardian