

## Guten Tag!

The German Club is again making plans to attend a weekend at **Waldsee** – the German language camp at the Concordia Language Villages near Bemedji, MN.

Concordia Language Villages offer an environment and experience that cannot be duplicated in the classroom. It is an excellent place for students to learn new German while practicing what they have already learned at school. Students of all levels are able to participate.

We are planning to attend the Village during the weekend of **March 3-5, 2017**. It seems early to be making plans for this time, *but these weekends fill up fast!*

You are invited to check out the Waldsee (German camp) website at <http://waldsee.villagepages.org/> or contact me for more information.

To assist with the cost of the weekend, many students participate in German Club fundraisers throughout the year. The total cost for the weekend is \$173.00, which includes transportation, lodging, and meals.

I have attached registration information to this letter. When returning, please fill out the **registration and health form, and include the \$50.00 deposit at the same time**. If you have any questions or concerns, please feel free to contact me.

The German Club will sponsor some fundraisers to assist with the costs of the weekend.

**Waldsee** has long been a part of the JHS German program and we hope to continue this adventure with your student!

Danke schön!

Herr Cody Mickelson

701-952-4213

cody.mickelson@k12.nd.us



Dear Parents or Guardians,

Welcome to Village Weekends, a high-energy, highly motivating enrichment program for language students attending with a school group!

Your child has been invited to participate in an experience in language and cultural immersion at Concordia Language Villages, located near Bemidji, Minn. at our architecturally authentic sites on Turtle River Lake.

The mission of Concordia Language Villages is to prepare young people for responsible citizenship in our global community. Immersed in another language and culture, students gain a deeper perspective of the world through activities and sports, games, arts and crafts, singing and dancing, authentic meals and conversation with fluent speakers of the language. Concordia Language Villages celebrates diversity, unity, peace, stewardship and justice. Students return to their home classrooms energized and increasingly motivated to actively engage in language learning.

Participating students attend a short program (an evening, one full day, and a morning) or a long program (an evening, two full days, and a morning). Our staff includes full-time deans, culture and language specialists, interns, native speakers, an on-call nurse, and language students from Concordia College in Moorhead, Minn., as well as other colleges and universities in the region.

Some parents become involved in Concordia Language Villages by becoming chaperones; ask your child's teacher if there are openings for your group. Chaperones team up with our staff in cabins and participate in all aspects of Village life. Please contact us with any questions you may have before or during the program at 1-800-450-2214. We can also be contacted by email at [weekends@cord.edu](mailto:weekends@cord.edu) before or after the program.

We encourage you to visit our website at [ConcordiaLanguageVillages.org](http://ConcordiaLanguageVillages.org) to learn more about all of our programs, including family and adult programs as well as our world-renowned summer camps.

We look forward to welcoming your child soon to a Village Weekend at Concordia Language Villages.

Sincerely,

*Jennifer "Charlotte" Speir-Hearn*      *Mark Kenji Chen*

Jennifer Charlotte Speir-Hearn and Mark Kenji Chen,  
Village Weekends Group Directors



**REGISTRATION PROCEDURE**

1. Family fills out entire registration form and health form.
2. Student returns completed application, health form and at least the \$50 nonrefundable deposit to his/her teacher.
3. Checks should be made payable to Concordia Language Villages. Please write the student's name on the check.
4. Teacher sends all applications and deposits to the address below.
5. Teacher collects remaining fees from students and sends to the address below at least 30 days before session.

**IS MY CHILD READY TO PARTICIPATE?**

In order to participate in a Village Weekends program, your child should be able to meet his/her personal needs such as showering, getting dressed and eating, moving independently from place to place, and effectively interact in our group based and community living environment. By completing this registration form, you as a parent are attesting that your child meets these criteria.

**HEALTHCARE**

Village healthcare is overseen by a registered nurse (RN). A person trained in first aid is on duty with each program. Medical care and emergency services are available through Bemidji's Sanford Clinic, North Country Regional Hospital and local ambulance services. Parents or guardians are contacted when healthcare beyond that provided by Concordia Language Villages' staff is necessary. Healthcare received from a Bemidji provider is billed directly to and the responsibility of the villager parent(s) or guardian(s).

**PROGRAM COSTS**

October to December  
Short Program \$168  
Long Program \$238

January to May  
~~Short Program \$173~~  
Long Program \$245

**TRANSPORTATION COSTS\***

October to December  
Twin Cities Metro Area to Bemidji \$75  
Fargo/Moorhead to Bemidji \$55

January to May  
Twin Cities Metro Area to Bemidji \$78  
Fargo/Moorhead to Bemidji \$58

\* Transportation from locations outside the Fargo/Moorhead or Twin Cities Metro Area may incur additional costs

**FOOD ALLERGIES**

Eating culturally authentic foods is an essential element of a Language Villages immersion experience. Some of these foods contain items to which a person may be allergic; consequently, our program is not appropriate for people whose food allergy is so sensitive that being around others eating that item triggers anaphylaxis

**HOUSING ASSIGNMENTS**

Housing is in comfortable, winterized cabins and villagers are assigned according to gender and age. It is common for different school groups to share a cabin. Each cabin houses 10 to 14 villagers plus staff and chaperones

**PHOTOGRAPHING VILLAGERS**

During Village Weekends we often photograph or film Village life. Images may be used in displays, on our website, for publication or in advertisements. All photographs, video or audio are exclusive property of Concordia Language Villages. No compensation is paid to the villagers or staff whose photos are used. Villagers will never be identified by legal name or home address in any publications without prior parental consent.

**CANCELLATION POLICY**

- Cancellations must be reported in writing to the Bemidji office
- 15 days or more before program: all payments, less the nonrefundable deposit, will be refunded.
  - 14 days or less before the program: no fees will be returned

**WEATHER-RELATED CANCELLATIONS**

If Concordia Language Villages cancels the weekend program, all payments will be refunded. If a group decides on its own it is unable to attend due to weather, payment will be refunded, less the \$50 deposits and up to 50% of the Concordia Language Villages' charter transportation expenses

If you have questions or comments, write, call or fax:

Village Weekends (800) 450-2214  
Concordia Language Villages Email: weekends@cord.edu  
8659 Thorsolveien NE Fax: 1-800-455-3630  
Bemidji, MN 56601

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. © 2016 Concordia College, Moorhead, Minnesota 22591M/0916

PLEASE COMPLETE THE REGISTRATION FORM BELOW, DETACH AND RETURN TO THE TEACHER



**CONCORDIA  
LANGUAGE VILLAGES**

**2016-2017 VILLAGE WEEKENDS  
REGISTRATION FORM**

Office Use only  
HF \_\_\_\_\_ DP \_\_\_\_\_  
CK \_\_\_\_\_

Please complete this registration form and return it to your teacher with your deposit.  
PLEASE PRINT CLEARLY AND INCLUDE ALL INFORMATION.

Program language German Dates attending Mar. 3-5, 2017 School name Jamestown High School

Student's name \_\_\_\_\_ Language teacher Cody Mickelson

In which calendar years has this student previously attended a Language Village program (school group, summer youth, family program, etc.): \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Gender:  Male  Female Grade (8,9,10, etc) \_\_\_\_\_ Language level (1,2,3, etc) \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP/Postal code \_\_\_\_\_

Home telephone (\_\_\_\_\_) \_\_\_\_\_ Parent/Guardian Cell phone (\_\_\_\_\_) \_\_\_\_\_ Parent/Guardian e-mail address(s) \_\_\_\_\_

Parent/Guardian name(s) \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Program Cost (see above) <small>Fees include room and board.</small>	+ \$ <u>173.00</u>	Payment Method
Round-trip Transportation (optional)	+ \$ _____	<input type="checkbox"/> Check enclosed ( <small>Please note the student's name on the check to help us credit the proper student account.</small> )
Subtotal	= \$ _____	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover
Amount enclosed <small>A \$50 nonrefundable deposit must accompany application</small>	\$ _____	Card number _____ 3-digit CVV Code _____
Balance due <small>Due 30 days before the session.</small>	= \$ _____	Expiration date _____ Cardholder name _____
		Signature _____ Date _____

## Health History Form

*for Youth attending Village Weekend Programs  
in Bemidji, MN (3 Nights or Less)*

**Due at least 4 weeks before program date.**

School's Name: \_\_\_\_\_

Village Weekend Date: \_\_\_\_\_

Language or Program: \_\_\_\_\_

Villager Name: \_\_\_\_\_  
*First Middle Last*

Birth Date: \_\_\_\_\_  
*Month Day Year*

Villager Sex: .....  Male  Female

Custodial Adult: \_\_\_\_\_  
*First Middle Last*

Preferred Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

**About healthcare for Village Weekend programs:**

- A staff member with basic first aid and CPR skill is at the Village when villagers are present.
- The Village is at least 30 minutes from emergency services.
- Villagers should arrive ready to participate in the program. Do not send a sick or injured child. Should your child be unable to participate, you will be called and expected to come for your child.
- Villagers are responsible for taking their own routine medications; the Language Villages does not administer routine medications to villagers. Medications must be brought in their original container.
- Information about your child's health is shared with staff on a need-to-know basis.

**Immunization:** Date of your child's most recent tetanus immunization: ..... (month & year) \_\_\_\_\_

**Allergy:** Is this child allergic to any food or medication? .....  Yes  No

- If YES, name the item and describe the reaction: \_\_\_\_\_
- Mild/Moderate  
 Anaphylaxis  Epi pen  
 Mild/Moderate  
 Anaphylaxis  Epi pen

**Nutrition:** Our kitchens prepare foods representing a variety of cultures; be sure your villager is ready to explore various foods. We work with some medically prescribed diets but do not cater to individual food preferences. Our kitchens are not kosher. If there is a faith-based reason for not eating a particular meat, please communicate that to us by selecting a vegetarian option below. Call if you have questions about your villager's diet.

Does your child need a vegetarian meal plan? (*Checking "Yes" means we will expect your child to eat this meal plan*) .....  Yes  No

If YES, check what kind of vegetarian plan is needed:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> No Pork                                    | <input type="checkbox"/> Lacto-ovo ( <i>no pork, beef, chicken, fish, seafood</i> ) | <input type="checkbox"/> Ovo ( <i>no meat, fish, seafood, dairy</i> )         |
| <input type="checkbox"/> Semi-vegetarian ( <i>no pork or beef</i> ) | <input type="checkbox"/> Lacto ( <i>no meat, fish, seafood, eggs</i> )              | <input type="checkbox"/> Vegan ( <i>no meat, fish, seafood, dairy, eggs</i> ) |
| <input type="checkbox"/> Pesco ( <i>no pork, beef or chicken</i> )  |   |   |

This villager is lactose-intolerant. **NOTE:** It is our expectation that the villager self-manages lactose intolerance using products, i.e. Lactaid.

**Asthma:** Does this child have asthma? .....  Yes  No

If YES, will your child carry a rescue inhaler during the program? .....  Yes  No

If YES, what triggers your child's asthma? \_\_\_\_\_

**Medication(s):** Does this child take medication on a routine basis? .....  Yes  No

Note: The Language Villages does not assume responsibility for your child's medications. This information is requested in case of emergency.

List the medication(s) that your child takes on a *routine* basis:

a. Medication: \_\_\_\_\_ Reason for taking this: \_\_\_\_\_

b. Medication: \_\_\_\_\_ Reason for taking this: \_\_\_\_\_

**What Have We Forgotten To Ask?** We are particularly interested in information about your child's health that impacts your child's ability to fully participate in our program, please write the additional information on the back of this page. → We may call you prior to the program if further information or clarification is needed.

**Emergency Contact:** We will call if we have a question about your child's health and/or in an emergency.

Please provide contact information for a custodial adult who will be available via phone while your child is attending our program:

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Custodial Adult Authorization**

*This information is correct and the child described has permission to participate in all program activities except as noted on this form. I understand that the Language Villages has limited healthcare on site and that staff will call the indicated custodial adult (a) in an emergency, (b) if questions about my child's health arise, and/or (c) when my child is unable to continue because of injury or illness. I understand that I will be billed directly for any healthcare received by the local Sanford Clinic/Medical Center, local ambulance service, or other Bemidji provider. I acknowledge that my child is responsible for taking his/her own routine medication(s) and that information on this form will be shared with Language Villages' staff on a need-to-know basis.*

Signature of Custodial Adult: \_\_\_\_\_ Date: \_\_\_\_\_