



THE UNIVERSITY OF ARIZONA
COLLEGE OF HUMANITIES

Center for English as a Second Language

UNIVERSITY OF ARIZONA-CENTER FOR ENGLISH AS A SECOND LANGUAGE
TEEN ENGLISH PROGRAM

Overnight Care Acknowledgement

I am the parent or legal guardian of (child's name) _____ ("Minor"). I understand that my child has been enrolled in the overnight camp program in addition to their academic Teen English Program. I understand that my child will be supervised by Teen English Program overnight staff and will be escorted from Sahara Apartments to the classroom location of their academic program. The students will be transported by the Sahara Apartment shuttle to and from the University of Arizona. While under the UA/CESL guardianship students must stay with the CESL resident assistant at all times. Per UA policy we are unable to release a student to parents or others at any time during the program. Parents (or representatives designated by the parents) can visit their students on Sundays at the housing facilities during set hours to be determined by the Teen English Program Coordinator.

Printed Name of Program Participant's Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date _____