



Spanish for Middle School Students

Who: Piedmont Middle School students entering 6th – 8th grade

What: Spanish language classes lead by experienced teacher — Students will follow the textbook that is used at PMS for 7th & 8th grade. Program uses a full-immersion approach. Classes will focus on comprehension and conversation as well as reading and writing proficiency. Students will be introduced to a variety of grammatical concepts and verb tenses.

Maximum enrollment of 12 students per instructor.

Dates: Sept. 12 – May 25 (32 weeks, follows school calendar)

Times & Tuition:

	Program & Time ¹	Days	Location	Tuition Options ^{2,3}	
				Per Semester	Monthly
6 th – 8 th Grade AM New & Continuing Students ⁴	7:05 – 7:45 am	Tues – Fri	PMS	\$575 (that's \$9/class!)	\$155
3 rd – 8 th Grade PM New & Continuing Students ⁴	M 2:20 – 3:10 pm T – F 3:40 – 4:30 pm	2x, 3x, 4x or 5x per week, you choose the days!	Havens	2x – \$440 3x – \$515 4x – \$575 5x – \$640	2x – \$119 3x – \$139 4x – \$155 5x – \$170
Annual PLS Registration Fee				\$30 per student	
¹ All classes subject to cancellation due to low enrollment or classroom availability. ² 10% discount for 2 nd + sibling. ³ Scholarships available. Please contact Viva el Español for more information. ⁴ New students and continuing students will be placed in separate groups according to proficiency.					

Registration: Registrations confirmed on a first-come, first-served basis. To reserve your spot, **please fax or mail the attached form with a one-month non-refundable deposit and PLS registration fee** to Viva el Español to the address below.

To schedule a **free trial class TODAY**, please contact Viva el Español at 925-962-9177.

Vocabulary, grammar & conversation for teens - in "español"!

Viva el Español
3451 Golden Gate Way, Lafayette, CA 94549
(925) 962-9177 phone • (925) 962-9127 fax
www.vivaelespanol.org/piedmont.php

Piedmont Language School
(510) 652-5229 phone
piedmontlanguageschool@yahoo.com



Viva el Español Student Registration Form

* One form per child, please *

Parent Names _____ Child Name _____

Address _____ Grade Fall 2011 _____ Birthdate _____

Home Phone _____ Cell _____ Email _____

Class Selection, Deposit & PLS Registration Fee

Enrolling in:	Deposit Amount	PLS Registration Fee
<input type="checkbox"/> 6 th – 8 th Grade – AM	\$155	\$30
<input type="checkbox"/> 3 rd – 8 th Grade – PM: Specify Days <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	\$119 / \$135 / \$155 / \$170	\$30

Enclosed is my check # _____ for Deposit + PLS Registration Fee \$ _____ made payable to Viva el Español

(A \$25 processing fee will be charged for returned checks.)

Please bill Deposit + PLS Registration Fee of \$ _____ to my

VISA Mastercard # _____ exp. _____

Billing Preference

Please charge my credit card below for balance due as (select one):

Two semester payments charged on 10/1/11 & 1/31/12 Monthly payments charged on the 12th of the month (Oct. – April)

VISA Mastercard # _____ exp. _____ (\$10/month late fee if not paid by 15th of month.)

Deposit & Refund Policy Acknowledgment

I understand that my deposit secures a place in Spanish class for my child for the 2011-2012 school year and covers the first month's tuition. I understand that the deposit and PLS registration fee are non-refundable except in the case of class cancellation due to low enrollment or space constraints. Parent Initials: _____ Date: _____

By enrolling my child in the Viva el Español Spanish program at Piedmont Middle School, I parent of _____ understand that I have committed to pay the full year tuition as either two semester or eight monthly payments. Should I chose to withdraw my child from the class, I understand that pro-rated refunds will be given for unused months of class, provided the remaining enrollment in the class remains at a minimum of 6 students. Parent Initials: _____ Date: _____

General Liability Waiver, Medical Release & Indemnification

I, the undersigned parent of _____, in consideration for the participation of my child in Viva el Español Spanish Classes under the supervision of the program staff, indemnify and hold harmless Viva el Español and its officers and employees from any liability arising from, or proximately caused by my participation in this program. In making this forgoing statement, I hereby assume the risk of such program and do so willingly with respect to my child. In the unlikely event of a medical emergency, and if I am not available, I authorize Viva el Español staff to use their best discretion in obtaining medical treatment for my child. I understand and agree to be responsible for any and all costs associated with such medical services. Parent Initials: _____ Date: _____

Internet Publishing Parent Authorization

I give permission to Viva el Español to publish the following on their website, electronic newsletter and marketing materials:

Yes No Individual student work by my son/daughter, including but not limited to drawings and writing

Yes No Photographs of Viva el Español activities that may contain my student's photograph.

Yes No Videos of Viva el Español activities that may contain my student.

Student photographs and videos shall NOT identify student names.

Parent Initials: _____ Date: _____

For office use only:

PMS 2011-12

_____ MB

_____ CC

_____ Class



Viva el Español Student Information Form

* One form per child, please *

Parent Names _____ Child Name _____ Grade Fall 2011 _____

Emergency Contact Name _____ Phone _____ Relationship _____

Email address(es) to be used for class communications: _____

Parents! Are you available to:

- Help in the classroom on occasion (no Spanish required)?
- Help prepare food or materials for special events?
- Do you have a special skill or talent that would be fun to share with the Spanish students? _____

Spanish Proficiency & Student Interests

Spanish Proficiency (1=no knowledge, 5=fully bilingual): Comprehension: 1 2 3 4 5 Conversation: 1 2 3 4 5

Prior exposure to Spanish (check all that apply): Immersion pre-school – how long? _____ PLS – how long? _____

Parent(s) speak at home Other family members Childcare provider TV Books Music Trips

Other _____

What are your children's favorite activities and interests? _____

Allergies or other medical concerns (please mark N/A if none): _____

Please share with the Spanish teacher any other information about your children that you think would be helpful: _____

A NOTE FROM PIEDMONT LANGUAGE SCHOOL

Piedmont Language School is committed to preparing and inspiring children for continued study, work and citizenship in our global community. To this end, we will support, advocate and create opportunities for foreign language learning and cultural exposure for all children in Piedmont schools.

We are a non-profit organization and rely on private donations in addition to tuition to ensure the integrity of our programs. If you would like to make a donation (in any amount), please send to Piedmont Language School, P.O. Box 11092, Oakland, CA 94611. Thank you. Tax ID # 94-2435647.

Please mail or FAX these forms to:
 Viva el Español, 3451 Golden Gate Way, Lafayette, CA 94549
 Ph: 925-962-9177 FAX: 925-962-9127

For office use only:
 PMS 2011-12
 _____ Class