



# Registration Form

Adult's Names: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Child's First & Last Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

School: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Allergies: \_\_\_\_\_

(please mark N/A if no allergies)

How would you rate your child's level? \_\_\_\_\_ (beginner, intermediate, advanced) Other exposure to Spanish? \_\_\_\_\_

2<sup>nd</sup> Child's First & Last Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

School: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Allergies: \_\_\_\_\_

(please mark N/A if no allergies)

How would you rate your child's level? \_\_\_\_\_ (beginner, intermediate, advanced) Other exposure to Spanish? \_\_\_\_\_

Circle one program price per student.  Student's Name	Family Spanish	Pre-School / Elementary School Programs / Saturday Spanish					
	10 Class Pass*	10 Class Pass**		Monthly Pass***			110 min. class
		50 min. class	50 min. class	110 min. class	50 min. class		
				1 mo.	3 mos. save 10%	9 mos. save 15%	
	\$155	\$155	\$275	\$169	\$449	\$1299	\$349
	\$140	\$140	\$248	\$152	\$404	\$1169	\$314
	\$140	\$140	\$248	\$152	\$404	\$1169	\$314
Materials	CD & Book - \$25	"Baile y Canto" Music CD - \$20					
Location (circle one): Lafayette Pleasanton							

\* Family Spanish Passes expire 12 weeks from start date.

Total Amount (Programs + CD): \_\_\_\_\_

\*\* Pre-School/Elementary Passes expire 10 weeks from start date.

\*\*\* Monthly Passes expire in monthly increments from start date.

Family Spanish – Lafayette (circle one)

Música – Tues 9:30am

Level 1 – Mon 11:30am

Level 2 – Mon 10:30am / Wed 10:30am

Level 3 – Mon 9:30am

Mixed Level – Thurs 10:30am

Visa  Mastercard Name on Card: \_\_\_\_\_

Card#: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Yes, keep my card on file for future payments.

Yes, I would like to set up an auto-billing schedule. (Please ask us!)

Cash \_\_\_\_\_ Check #\* \_\_\_\_\_

For office use only:

\_\_\_\_\_ MB

\_\_\_\_\_ CC

\_\_\_\_\_ Card

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

\*Please make check payable to ¡Viva el Español!

Please indicate child's name on check. A \$25 processing fee will be charged for returned checks.

Notes: \_\_\_\_\_

**Trial Class - (for office use only)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Day/Time/Class: \_\_\_\_\_ Confirmed: \_\_\_\_\_ Came? \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Day/Time/Class: \_\_\_\_\_ Confirmed: \_\_\_\_\_ Came? \_\_\_\_\_

Notes: \_\_\_\_\_

# Additional Information, Medical Release & Internet Publishing Authorization

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## Additional Information

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

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## 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: \_\_\_\_\_

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## 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: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Name of Parent: \_\_\_\_\_ Signature of Parent: \_\_\_\_\_