



# Spanish for Kids

Daily  
Spanish classes  
continue  
on campus!

.....  
Four levels!

**Who:** Students entering K – 5<sup>th</sup> grade

**What:** **Spanish language classes lead by experienced teachers** — Students will learn vocabulary related to a variety of everyday themes, practice using it within sentences, and master many useful phrases. Program uses a full-immersion approach, and students learn while singing songs, playing games, and doing hands-on projects. Curriculum for continuing students builds on what they learned this year, expanding to new subject areas and more complex phrases.

*New students will be placed in 1<sup>st</sup> year Spanish. Continuing students will be placed in the appropriate level based on their proficiency.*

Maximum enrollment of 12 students per instructor.

**Where:** Springhill Elementary School (rooms TBD)

**When:** 7:45 am – 8:15 am, Monday – Friday

**Dates:** Sept. 7 – June 3 (35 weeks, follows school calendar)

**Tuition:** \$1340 + \$75 materials fee = \$1415 – *that's less than \$9 per class!*

- 10% discount for second sibling
- Option to set up monthly payments of \$170 by credit card on attached registration form
- Register by June 25 and receive 20% off your first month's tuition!

**Registration:** Registration deadline is **Aug. 30, 2010**. 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** to Viva el Español to the address below.

To schedule a **free trial class** or for more information, please contact Viva el Español at 925-962-9177.

*Storytelling, music, art and TONS of fun - in "español"!*

Viva el Español

3451 Golden Gate Way, Lafayette, CA 94549  
(925) 962-9177 phone • (925) 962-9127 fax  
[www.vivaelespanol.org](http://www.vivaelespanol.org)

COMMUNITY BASED • NOT FOR PROFIT



# Viva el Español Student Registration Form

Parent Names \_\_\_\_\_ Child Name \_\_\_\_\_

Address \_\_\_\_\_ Grade Fall 2010 \_\_\_\_\_ Birthdate \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Spanish Proficiency & Student Interests  If re-enrolling from last year, check here and skip this section

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? \_\_\_\_\_  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 us any other information about your children that you think would be helpful: \_\_\_\_\_

## Deposit & Billing Preference

Deposit Amount: \$170 per child

Enclosed is my check # \_\_\_\_\_ for \$ \_\_\_\_\_ made payable to Viva el Español (A \$25 processing fee will be charged for returned checks.)  
 Please bill \$ \_\_\_\_\_ to my  VISA  Mastercard # \_\_\_\_\_ exp. \_\_\_\_\_

Payment options for remaining balance (select one):  Payment of \$1245 by check – please bill me  
 Automatic monthly payments of \$170 by credit card Oct. 2010 – May 2011

## Deposit & Refund Policy Acknowledgment

I understand that my deposit secures a place in Spanish class for my child for the 2010-2011 school year and covers the first month's tuition. I understand that this deposit is non-refundable. Parent Initials: \_\_\_\_\_ Date: \_\_\_\_\_

By enrolling my child in the Viva el Español Spanish program at Springhill Elementary, I, parent of \_\_\_\_\_ understand that I have committed to pay the full year tuition of \$1340 plus \$75 for materials fees per child. Should I chose to withdraw my child from the class, I understand that refunds will be given for unused months of class at the rate of \$149 /month, 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.

Student photographs shall NOT be identified by students' names. Parent Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail or FAX this form by Aug. 30 to:  
Viva el Español, 3451 Golden Gate Way, Lafayette, CA 94549  
Ph: 925-962-9177 FAX: 925-962-9127

For office use only:  
Springhill 2010-11  
\_\_\_\_ MB  
\_\_\_\_ CC