



## Spanish for Kids

Daily  
Spanish classes  
continue  
on campus!

.....  
Register now,  
space is  
limited!

**Who:** Students entering K – 5<sup>th</sup> grade in Fall 2011

**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 last year, expanding to new subject areas and more complex phrases. Numerous optional culturally-oriented fieldtrips and activities offered throughout the year.

*New students will be placed in 1<sup>st</sup> year Spanish. Continuing students will be placed in the appropriate level based on 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. 6 – June 1 (35 weeks, follows school calendar)

**Tuition:** \$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

**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** to Viva el Español at the address below.

To schedule a **free trial class TODAY** 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

\* One form per child, please \*

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

Address \_\_\_\_\_ Grade Fall 2011 \_\_\_\_\_ Birthdate \_\_\_\_\_

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

## Deposit Payment Preference

Deposit Amount: \$170

- Enclosed is my check # \_\_\_\_\_ for Deposit of \$ 170 made payable to Viva el Español (A \$25 processing fee will be charged for returned checks.)  
 Please bill Deposit of \$ 170 to my  VISA  Mastercard # \_\_\_\_\_ exp. \_\_\_\_\_

## Billing Preference

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

- One annual payment charged on 10/1/11  Monthly payments charged on the 1st of the month (Oct. – May)  
 VISA  Mastercard # \_\_\_\_\_ exp. \_\_\_\_\_ (\$10/month late fee if not paid by 15<sup>th</sup> 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 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 \$1415 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 5 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:  
Springhill 2011-12  
\_\_\_\_ MB  
\_\_\_\_ CC



# 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

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

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:  
Springhill 2011-12  
\_\_\_\_\_ Level