



Spanish for 6th Graders

Spanish
classes for
Stanley 6th graders!

.....
AM or PM
option!

Who: Students entering 6th grade

What: **Spanish language classes lead by experienced teacher** — Students will learn vocabulary related to a variety of everyday themes, practice using it within sentences, and master many useful phrases. Students will also be introduced to a variety of grammatical concepts and verb tenses. Our program uses a full-immersion approach, and students learn through interactive activities, by playing games, and doing hands-on projects. Optional culturally-oriented fieldtrips and activities offered (eg. Trip to Día de los Muertos Festival in Oakland).

Maximum enrollment of 12 students per instructor.

Where: **Stanley Middle School** (rooms TBD)

When: **AM Option: 7:40 am – 8:10 am** – Mondays, Tuesdays, Thursdays & Fridays
PM Option: 3:10 pm – 3:50 pm – Mondays, Tuesdays, Thursdays & Fridays

Flexible schedule: enroll all 4 days, or select 3 days of your choice (see below)!

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

Tuition: **4 days / week: \$1215**
3 days / week: \$945

- That's less than \$9 per class!
- 10% discount for second sibling
- Option to set up monthly payments by credit card on attached registration form
- Register by June 25 and receive 20% off your first month's tuition!

Registration: Registration deadline is **August 31, 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

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

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: _____

Class/Days Selection, Deposit & Billing Preference

Deposit Amount: \$145 per child

Enrolling in:

AM Program (select days below)				PM Program (select days below)			
<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri

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): Single payment of \$ 800 (3x) / \$1070 (4x) by check – please bill me
 Automatic monthly payments of \$115 (3x) / \$145 (4x) by credit card

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 Stanley Intermediate, I, parent of _____ understand that I have committed to pay the full year tuition of \$945 (3x) / \$1215 (4x) 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 \$90 (3x) / \$120 (4x) per 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 August 31 to:
Viva el Español, 3451 Golden Gate Way, Lafayette, CA 94549
Ph: 925-962-9177 FAX: 925-962-9127

For office use only:
Stanley 2010-11
____ MB
____ CC