



Spanish for Kids

Daily
Spanish classes
continue
on campus!

.....
Register by
June 15 and
save \$50

Who: Students entering 1st – 5th 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. Continuing students will be grouped by proficiency and curriculum will expand to new subject areas that encourages them to build upon previous knowledge. Numerous optional culturally-oriented fieldtrips and activities offered throughout the year.

Maximum enrollment of 12 students per instructor.

Where: Chabot Elementary School (rooms TBD)

When: 7:35 am – 8:25 am, Monday – Friday

Dates: Sept. 12 – June 8 (35 weeks, follows school calendar)

Tuition: \$1415

- 10% discount for second sibling
- Option to set up monthly payments of \$170 by credit card on attached registration form
- A limited number of partial scholarships are available. Please contact Viva el Español for more information and/or deposit waiver. We do not wish a financial burden to prevent you from participating in this program.

Registration: Registration deadline is **August 15, 2011**. 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 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



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 Payment

Enrolling in:	Deposit Amount
<input type="checkbox"/> 1 st Grade	\$170
<input type="checkbox"/> 2 nd – 5 th Grade New Student	\$170
<input type="checkbox"/> 2 nd – 5 th Grade Continuing Student	\$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 Yes! I registered before June 15. Please apply discount of \$50 to my balance due.

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 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 this deposit is non-refundable. Parent Initials: _____ Date: _____

By enrolling my child in the Viva el Español Spanish program at Chabot 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 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:
Chabot 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)? Yes / No
- help prepare food or materials for special events? Yes / No
- 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 by August 15, 2011 to:
 Viva el Español, 3451 Golden Gate Way, Lafayette, CA 94549
 Ph: 925-962-9177 FAX: 925-962-9127

For office use only:
 Chabot 2011-12
 _____ Level