

Word Play

LANGUAGES FOR KIDS

www.wordplaylanguagesforkids.com

LANGUAGE PROGRAM at DEVINNY ELEMENTARY SPRING 2019 - REGISTRATION FORM

--- CLASSES BEGIN THE WEEK OF January 14th --- REGISTRATION DEADLINE IS January 11th ---

Student Information

1. Student's Name _____ Grade _____
Returning Student? YES / NO Classroom Teacher: _____
2. Student's Name _____ Grade _____
Returning Student? YES / NO Classroom Teacher: _____
Parent(s) Name(s) _____
Phone Number (home) _____ (Mother-work) _____ (Father-work) _____
Address IN FULL _____
E-Mail Address: _____
Emergency Contact (Name and Number) _____
Specify Food Allergies or Health Concerns _____

Language Program Offerings

Tuesday/Wednesday (7:50 a.m. – 8:50 a.m.)

- Spanish (K) (Tuesday a.m.)
- Spanish (1st & 2nd) (Tuesday a.m.)
- Spanish (3rd – 5th) (Tuesday a.m.)
- Spanish (K – 2nd) (Wednesday a.m.)
- Spanish (3rd – 5th) (Wednesday a.m.)

Program Tuition and Fees 13 classes (once per week)

- \$159 + \$25 registration fee = \$184
First child
- \$143 + \$25 registration fee = \$168
Each additional child

Payment Method and Terms

- Check (Payable to "Word Play")
- Credit Card (_____ 1 Payment _____ 3 Payments) () VISA () MASTERCARD
Credit Card Number _____ Expires: _____
Name on Card _____ 3 Digit Code (on the back of Card) _____

My card will be charged automatically at the beginning of each month. Charges will appear as PayPal's Word 4 Word Communications, LLC.

Sign if you accept _____
_____ Registration and Tuition and Fees received ___/___/19 Check # _____

Parent or Guardian Permission

I hereby give permission for my child to participate in courses sponsored by WORD PLAY. I waive and release all rights for claims that I may have against WORD PLAY and its teachers for damages or injuries to my child that may occur while participating in the WORD PLAY program. I understand that reasonable safety precautions will be used during the classes. I also understand that I am responsible for the prompt pick-up and drop-off of my child.

I also understand and agree that my child may be photographed and/or video-taped for promotional purposes for WORD PLAY while participating in class.

WORD PLAY instructors are trained to work with groups of children. I understand that should my child have difficulty cooperating, the teacher will telephone me to ask me to talk to my child and clarify classroom expectations. If the problem continues and jeopardizes learning, I understand that I may be asked to withdraw my child from the program with no refund. I understand that there are no refunds after the first day of class.

Parent or Guardian Signature _____ Date _____

For more information call Cathy Gallegos: 303-808-7436
2822 Reign Street, Herndon, VA 20171