

# Word Play



LANGUAGES FOR KIDS

www.wordplaylanguagesforkids.com

## LANGUAGE PROGRAM AT PROSPECT VALLEY ELEMENTARY School Year 2018 - 2019 REGISTRATION FORM

--- CLASSES BEGIN THE WEEK OF September 10<sup>th</sup> --- REGISTRATION DEADLINE IS September 5<sup>th</sup> ---

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
Tuesdays/Thursdays (2:50 p.m. – 3:35 p.m.)
<input type="checkbox"/> Kindergarten - 1 <sup>st</sup> grade Spanish
<input type="checkbox"/> 1 <sup>st</sup> - 2 <sup>nd</sup> grade Spanish
<input type="checkbox"/> 3 <sup>rd</sup> - 5 <sup>th</sup> grade Spanish

Program Tuition and Fees
48 classes - twice per week – Tuesday and Thursday - 45 minutes
<input type="checkbox"/> \$465 + \$25 registration fee = \$490 First child
<input type="checkbox"/> \$440 + \$25 registration fee = \$465 Each additional child

Payment Method and Terms
<input type="checkbox"/> Check (Payable to "Word Play")
<input type="checkbox"/> Credit Card ( _____ One Payment _____ 2 payments _____ 6 Payments) ( ) VISA ( ) MASTERCARD
Credit Card Number _____ Expires? _____
Name on Card _____ 3 Digit Code (on the back of Card) _____
<b>My card will be charged automatically at the beginning of each month. Charges will appear as PayPal's Word 4 Word Communications, LLC.</b>
<b>Sign if you accept</b> _____
(Official Use Only) Amt. enclosed _____ Registration and Tuition and Fees received ___/___/18 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 _____