

# Word Play



LANGUAGES FOR KIDS

www.wordplaylanguagesforkids.com

## LANGUAGE PROGRAM AT RALPH MOODY ELEMENTARY Spring Semester 2020 - REGISTRATION FORM

--- CLASSES BEGIN THE WEEK OF January 15<sup>th</sup> --- REGISTRATION DEADLINE IS --- January 10<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-cell) _____ (Father-cell) _____	
E-Mail Address: _____	
After school pick-up (name & phone #) _____ SAC _____	
Specify Food Allergies or Health Concerns _____	

Language Program Offerings
(Wednesday, 2:45 p.m. – 4:00 p.m.)
<input type="checkbox"/> Spanish (3 <sup>rd</sup> – 5 <sup>th</sup> ) Wednesday p.m.

Program Tuition and Fees
10 classes - once per week
<input type="checkbox"/> \$120 + \$25 registration fee = \$145 First child
<input type="checkbox"/> \$100 + \$25 registration fee = \$125 Each additional child

Payment Method and Terms
<input type="checkbox"/> Check (Payable to "Word Play")
<input type="checkbox"/> Credit Card ( ____ One Payment ____ 3 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 ____/____/20 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 or Sally Meyers 303-808-9376  
2822 Reign Street, Herndon, VA 2017