



## MONTHLY SPANISH LESSONS REGISTRATION FORM

Date \_\_\_\_\_

Child's Name \_\_\_\_\_ M\_\_\_ F\_\_\_

Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Languages spoken at home

English \_\_\_ Spanish \_\_\_ Both \_\_\_ Other \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Place of Employment \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Place of Employment \_\_\_\_\_

Names and ages of other children in the family

\_\_\_\_\_

Please select the days and times you would like your child to attend summer Spanish classes

	TUESDAY	THURSDAY	SATURDAY
<b>AGE S 3 - 8</b>	6 pm – 7 pm	6 pm – 7 pm	10 am – 11 am
<b>AGE S 9 - 17</b>	7 pm – 8 pm	7 pm – 8 pm	9 am – 10 am

**PARENTS MAY JOIN THEIR CHILD AND PARTICIPATE IN ANY CLASS FOR 50% OFF**

Please provide the name of the parent/guardian(s) who will be registering for Spanish lessons

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