

Summer classes Larchmont 2019



Here is what we offer over the summer; please call if you have any questions.

Please circle the language and the days you would like to join (min 5 classes) \$50/class (discount applied for multiple classes).

<u>Week 1:</u> <i>July 1—July 5</i> <i>Beach, Ocean, Hawaii</i>	<u>Monday</u> Spanish: 9:00-11:00	<u>Tuesday</u> Spanish: 9:00-11:00	<u>Wednesday</u> Spanish: 9:00-11:00	<u>Thursday</u> 	<u>Friday</u> Spanish: 9:00-11:00
<u>Week 2:</u> <i>July 8—July 12</i> <i>Around the world</i>	<u>Monday</u> Spanish: 9:00-11:00	<u>Tuesday</u> Spanish: 9:00-11:00	<u>Wednesday</u> Spanish: 9:00-11:00	<u>Thursday</u> Spanish: 9:00-11:00	<u>Friday</u> Spanish: 9:00-11:00
<u>Week 3:</u> <i>July 15—July 19</i> <i>Nature and outdoor</i>	<u>Monday</u> Spanish: 9:00-11:00	<u>Tuesday</u> Spanish: 9:00-11:00	<u>Wednesday</u> Spanish: 9:00-11:00	<u>Thursday</u> Spanish: 9:00-11:00	<u>Friday</u> Spanish: 9:00-11:00
<u>Week 4:</u> <i>July 22—July 26</i> <i>Safari, zoo</i>	<u>Monday</u> Spanish: 9:00-11:00	<u>Tuesday</u> Spanish: 9:00-11:00	<u>Wednesday</u> Spanish: 9:00-11:00	<u>Thursday</u> Spanish: 9:00-11:00	<u>Friday</u> Spanish: 9:00-11:00
<u>August: closed</u>	<u>August: closed</u>	<u>August: closed</u>	<u>August: closed</u>	<u>August: closed</u>	<u>August: closed</u>

Afternoon classes are available upon request. A minimum of 3 students is required to open a class.

Child's information: Name: _____

Date of birth _____

Food allergies/restrictions: _____

Parents' information:

Best way to contact you (please circle): e-mail cell home text

Names: _____

Email address(es) _____

Phone numbers: Cell _____; home _____

Emergency contact: _____ phone number _____

I agree to have my child/children photographed during the classes. ☐

The pictures will be used to decorate our classroom, post on our website and occasionally on our Facebook page.

I disagree to have my child/children photographed during the classes. ☐

Payment information: TOTAL: _____

CHECK VISA MASTER CARD AMEX DISCOVER

Card # _____

Exp. _____ Ver. Code _____

How did you find us: INTERNET FRIEND MAIL OTHER _____

Mailing address: ***Linguakids***

71 Georges Hill Road • Newtown, CT 06470

Tel.: 914- 525- 0328

email: michele@linguakids.com

Please complete and mail to the address below or leave it with the teacher. By completing this registration form, you acknowledge that you understand and agree to the Policies and Procedures as written (see our web-site : www.linguakids.com).

NO REFUND AFTER THE FIRST CLASS.