

DOS CAMINOS SPANISH WORKSHOP REGISTRATION 2008/2009

Dos Caminos Spanish Workshop

Attn: Susan Nielsen
 4115 Messara Lane
 Pasco, WA 99301
 (509) 947-4154
 www.DosCaminos.net



<u>Child(ren)'s Name:</u>	<u>Age/Birthdate:</u>	<u>Parent/Guardian Name(s):</u>
<u>Mailing Address:</u>		<u>E-mail:</u>
<u>Phone #:</u>	<u>Alternate phone #:</u>	
<u>Allergies/disabilities/comments:</u>		
<i>What I hope my child will learn from this program ...</i>		
Briefly list previous Spanish classes or second language experience, if any:		
<p><i>Refer to website www.DosCaminos.net or call 947-4154 for current schedule and class location(s) ...</i> Weekly workshops meet for 30 to 90 minutes per week; minimum class size of 6, maximum 8 to 12 depending on age group, location, other factors.</p> <p align="center">» <u>\$25 Registration Fee due at time of Registration, non-refundable - Max. \$45/family</u> « <u>EARLY PAYMENT DISCOUNT:</u> Take \$10 off when Semester Paid in Full on/before First Class <i>Tuition includes <u>most</u> materials.</i></p> <p>I WILL PAY (check one) <input type="checkbox"/> SEMESTER (Due First Day of Class) <input type="checkbox"/> MONTHLY (to be arranged w/Instructor) CLASS DAY PREFERRED: <input type="checkbox"/> TUESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> Other _____</p> <p align="center">SIBLING DISCOUNT - 15% (cannot be combined with other discounts/offers) <i>Note: Siblings not enrolled may not accompany parent to class.*</i> *Exception for infants under 18 months</p> <p align="center"><u>Please make check payable to 'Susan Nielsen'</u></p> <p align="center">Dos Caminos Spanish Workshop reserves the right to combine and/or cancel classes due to insufficient enrollment. In the event of a cancellation, a refund will be issued.</p> <p><i>PARTICIPATION WAIVER: As with any activity I understand there may be risk of injury or harm. I agree to be solely responsible for any medical expenses incurred by myself or my child(ren) while participating in classes. In order to keep tuition and fees reasonable in light of the rising cost of doing business, I agree to hold Susan R. Nielsen, her family, and any volunteers or staff, harmless from, and indemnify them for, any damage or loss arising as a result of my child(ren)'s participation in activities. I give my permission to have my or my child(ren)'s photo taken during classes to be used for publicity purposes by Susan R. Nielsen. I hereby give my consent for any emergency medical treatment. This is to prevent any delay and insure prompt treatment if necessary. I understand only a licensed physician will be used for any such medical treatment.</i></p> <p>Parent/guardian signature: _____ Date: _____</p> <p align="center">Tuition and Fees subject to change without notice. <u>Tuition and Fees are non-refundable after the first class.</u></p>		