

DOS CAMINOS SPANISH WORKSHOP REGISTRATION 2009/2010

Dos Caminos Spanish Workshop
 8524 W Gage Blvd, A116
 Kennewick, WA 99336
 (509) 947-4154



TO REGISTER: »MAIL« REGISTRATION TO ADDRESS ON FORM

<u>Child(ren)'s Name:</u>	<u>Age/Birth date:</u>	<u>Parent/Guardian Name(s):</u>
<u>Mailing Address:</u>		<u>E-mail:</u>
<u>Phone #:</u>		<u>Alternate phone #:</u>
<u>Emergency contact:</u>		
<u>ALLERGIES/disabilities/comments:</u>		
<i>What I hope my child will learn from this program ...</i>		
<i>Briefly list any previous Spanish classes or second language experience:</i>		

Refer to www.DosCaminos.net or call 509.947.4154 for class descriptions, current schedule, and class location(s).

» **\$20 Once Yearly Registration Fee due at time of Registration, non-refundable - Max. \$45/family** «

EARLY PAYMENT DISCOUNT: Take \$10 off when Semester Paid in Full on/before First Class

SIBLING DISCOUNT - 15% (cannot be combined with other discounts/offers)

Note: Due to insurance limitations siblings not enrolled may not accompany parent to class*

*Exception for newborns

Tuition & Fees include most materials.

I WILL PAY (check one): **SEMESTER (Due on/before first class)** **MONTHLY (4 equal payments)**

WRITE IN CLASS LOCATION/SCHOOL NAME HERE: _____ (Tuition = “[\$]”)

PREK CLASS (Pasco) [\$140 Semester or \$35 Monthly]: WED THUR

GATEWAY SCHOOL [\$115]: TUE THUR EITHER

CHILDREN'S GARDEN [\$140 Semester or \$35 Monthly]: TUE THUR EITHER

AFTER SCHOOL LOCATIONS: [\$180 Semester or \$45 Monthly]

OASIS SCHOOL: WED | HOMESCHOOL: THUR

by special arrangement with your school PTO

BADGER PTO: K-2 MON 3-5 WED | TAPTEAL PTO: K-2 TUE 3-5 THU

WHITE BLUFFS PTO: K-2 MON 3-5 WED

Please make payment to ‘Dos Caminos Spanish Workshop’

»»» **NOTE:** for After School Classes payment **MUST** be made to your school PTO «««

(For example: “Badger PTO”)

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.

Classes are filled FIRST COME, FIRST SERVED

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 Dos Caminos Spanish Workshop, 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.*

Parent/guardian signature: _____ **Date:** _____

**** BE SURE TO INCLUDE REGISTRATION FEE ****

Tuition and Fees subject to change without notice. Tuition and Fees are non-refundable after the first class.