



Spanish Time 2011-2012 Classes!

Register Today... Space is Limited!

Spanish Immersion Adventure! Ages 1 through adults - 1hr, 2hr, & 3hr classes available!

*DISCOUNTS

Sale: *see website for current deals & discounts!

Sibling Discount: (monthly payment option only)

- ♦ 2nd child is 10% off (applies to tuition only)
- ♦ 3rd child is 15% off tuition & annual reg. fee waived

Pre-Pay Options:

- ♦ semester & school year pre-pay options!

*cannot combine discounts, we apply LARGEST DISCOUNT.

*discounts not valid on reg. fees, private lessons or trial classes unless specified.

TO ENROLL - (All students add annual reg. fee)

Submit 3 forms & payment:

- ♦ Fill out, sign and date the registration form below.
- ♦ Read, sign and date Spanish Time Policies Form.
- ♦ Fill out, sign and date Emergency Information Sheet (for kid's classes only)
- ♦ Choose your payment method and submit with all 4 signed forms (Fax Forms OR Snail Mail Forms!)

Annual Reg Fee: \$	_____
Class Fee: \$	_____
TOTAL PAID: \$	_____

Spanish Time® Registration Form -- Fax: 480-970-9554

Student Name: _____ Age: _____ Grade (Fall 11): _____ DOB: _____ Class Time: _____

Check Class Day(s): Mon Tue Wed Thu Fri Sat

Check Student Group(s): Mommy/Me Toddler Prschl Elem Adult Private

Check Payment Option: Trial Class Monthly Semester School Year SALE GROUPON

Parent Name: _____ Email: _____

Employer: _____ Interested in Adult Classes: Y N In The Future

Home Address: _____ City, Zip: _____ Hm Ph: _____

Wk Ph: _____ Cell Ph: _____ CC: _____ Code: _____ Exp: _____

I hereby authorize Spanish Time® representatives to act for me in any emergency requiring medical attention. I agree to be treated by a licensed physician while attending Spanish Time® Classes and to assume all costs related to such treatment. I agree to waive and release any and all claims of liability, release and hold harmless Spanish Time® and its representatives for damages which may be sustained by me. I agree to pay Spanish Time® the total amount charged to my credit card, according to card issuer agreement (visa/mc payments only). You are enrolled upon receipt of payment. A full refund/notification will be given only upon our cancellation of classes, no other refunds given.

- YES I give permission for my child to be photographed and/or videotaped by Spanish Time® LLC for promotional and marketing purposes.
- NO

I have read and understand the waiver, photo release, and refund policy.

Signature: _____ Date _____

Parent/Legal Guardian

Date

*NO CLASSES:

Spanish Time® is closed on . . .

FALL	SPRING
Sep 3-5	Jan 16
Nov 11	Feb 20
Nov 24-27	Mar 5 - 11
Dec 17 - Jan 2	Apr 6 - 8
	May 26 - 28

TWO WAYS TO REGISTER:

¹FAX FORM: 480-970-9554 OR ²mail form & payment to address below:

Make checks payable to "Spanish Time" and mail to:
Spanish Time®, 3370 N. Hayden Rd.#123, PMB 758, Scottsdale, AZ 85251

*We must have a completed registration packet and payment in order for student to attend!

info@spanishtime.com

480-970-8232

www.spanishtime.com



Spanish time® Class Schedule 2011-2012



Classes Run Aug 15 - May 18

<u>Class Name</u>	<u>Grade or Age</u>	<u>Day(s)</u>	<u>Time</u>	<u>Program Dates</u>	<u>Annual Reg Fee</u>	<u>MONTHLY (10 equal payments)</u>	<u>SEMESTER PRE-PAY & SAVE</u>	<u>SCHOOL YR PRE-PAY & SAVE</u>	<u>SALE ENDS 7/15/11</u>
One Day Trial Class	All Ages	Any Class	Any Time	8/15-5/18	\$0	1hr/\$15	2hr/\$25	3hr/\$35	n/a
Preschool Immersion (HALF, you choose day)	Ages 3-5	1 day/wk (M-F)	9am-12pm OR 12:30-3:30pm	8/15-5/18	\$99	\$179	\$832	\$1611	n/a
Preschool Immersion (HALF, you choose days)	Ages 3-5	2 days/wk (M-F)	9am-12pm OR 12:30-3:30pm	8/15-5/18	\$99	\$299	\$1390	\$2691/yr	\$2300/yr M/W or T/TH
Preschool Immersion (HALF, you choose days)	Ages 3-5	3 days/wk (M-F)	9am-12pm OR 12:30-3:30pm	8/15-5/18	\$99	\$399	\$1855	\$3591	n/a
Preschool Immersion (HALF, you choose days)	Ages 3-5	4 days/wk (M-F)	9am-12pm OR 12:30-3:30pm	8/15-5/18	\$99	\$499	\$2320	\$4491	n/a
Preschool Immersion (HALF, you choose days)	Ages 3-5	5 days/wk (M-F)	9am-12pm OR 12:30-3:30pm	8/15-5/18	\$99	\$599	\$2785	\$5391	n/a
Preschool Immersion	Ages 3-5	W or TH	4:30-5:30pm	8/15-5/18	\$25	\$80	\$372	\$720	n/a
Preschool Immersion	Ages 3-5	W or TH	3:30-5:30pm	8/15-5/18	\$25	\$134	\$623	\$1206	\$550/sem
Preschool Immersion	Ages 3-5	SAT	10am-12pm	8/15-5/18	\$25	\$134	\$623	\$1206	\$550/sem
Mommy/Daddy & Me	Ages 1-3	SAT	9-10am	8/15-5/18	\$25	\$80	\$372	\$720	n/a
Mommy/Daddy & Me	Ages 1-3	WED	5:30-6:30pm	8/15-5/18	\$25	\$80	\$372	\$720	n/a
Toddler Immersion (2HR, you choose day)	Ages 2-3	TH or F	9:30-11:30am	8/15-5/18	\$25	\$134	\$623	\$1206	\$550/sem
Middle School Tutoring (Ed. Ctr. OR In Home)	Ages 11-14	TBD	TBD	8/15-5/18	\$25	\$35/hr \$50/hr	n/a	n/a	\$25/hr \$35/hr
High School Tutoring (Ed. Ctr. OR In Home)	Ages 15-18	TBD	TBD	8/15-5/18	\$25	\$35/hr \$50/hr	n/a	n/a	\$25/hr \$35/hr
Elementary Immersion	K-5 th	W or TH	4:30-5:30pm	8/15-5/18	\$25	\$80	\$372	\$720	n/a
Elementary Immersion	K-5 th	W or TH	3:30-5:30pm	8/15-5/18	\$25	\$134	\$623	\$1206	\$550/sem
Elementary Immersion	K-5 th	SAT	1-3pm	8/15-5/18	\$25	\$134	\$623	\$1206	\$550/sem
Adult Beg Conversation (No prior Spanish req.)	18 & up	WED (eve)	6:30-8:30pm	8/15-12/17 1/3-5/18	\$25	*pro-rated from start date thru end of semester	\$623	\$1206	\$550/sem
Adult Beg Conversation (No prior Spanish req.)	18 & up	SAT (day)	1-3pm	8/15-12/17 1/3-5/18	\$25	*pro-rated from start date thru end of semester	\$623	\$1206	\$550/sem
Adult Int. Conversation (Prior Spanish req.)	18 & up	THU (day)	12:30-2:30pm	8/15-12/17 1/3-5/18	\$25	*pro-rated from start date thru end of semester	\$623	\$1206	\$550/sem
Adult Int. Conversation (Prior Spanish req.)	18 & up	THU (eve)	6-8pm	8/15-12/17 1/3-5/18	\$25	*pro-rated from start date thru end of semester	\$623	\$1206	\$550/sem



Spanish^{time}® Policies



↓ Check Boxes Below

PAYMENT POLICIES

- ◆ **Registration:** Students are registered upon receipt of a completed registration packet and payment.
- ◆ **Last Minute Registrations:** Payment & reg. from must be received 2 days before student's first class.

REFUND POLICIES:

- ◆ **Refunds: NO REFUNDS, UNLESS WE CANCEL A CLASS. NO EXCEPTIONS.**
- ◆ **Enrollment:** Enrollment is considered continuous until Spanish^{time}® receives a thirty day written notice to withdraw the student. (Outstanding tuition is due at this time).
- ◆ **Class Cancellations:** We reserve the right to cancel classes that do not reach our minimum enrollment, and refund those registered students in full.

ABSENCE & MAKE-UP POLICIES:

- ◆ **Absences:** We do not refund/prorate absences due to illness, vacation or unforeseen circumstances.
- ◆ **Holidays:** Spanish^{time} is closed on public school holidays. We follow the Scottsdale Unified School District (SUSD) calendar. No make-ups or refunds for these holiday closures. (See our website Calendar)
- ◆ **Make-Up Classes:** If absent, a student may attend the week before or after the missed class, if another class and space are available (or forfeit missed class). Must contact office to schedule a make-up class.
- ◆ **Optional Private Make-Up:** If a student misses class, a private lesson taught at our Education Center, may be purchased at the discounted rate of \$25/hour to cover any missed material.

PAYMENT OPTIONS (NO REFUNDS FOR PREPAID FEES. NO EXCEPTIONS.)

- ◆ **Monthly:**
 - ◆ We must have a credit card on file. (*call for non-credit card payment arrangements if necessary)
 - ◆ Credit Card is charged upon registration and the 1st of each month Aug - May.
 - ◆ There are 10 equal payment installments for all of our school year programs.
- ◆ **Semester Pre-Pay & Save:**
 - ◆ Payments due upon registration & the 1st of Jan.
 - ◆ There are 2 equal payment installments for the school year program.
- ◆ **School Year Pre-Pay & Save:**
 - ◆ Payment in full due upon registration, unless otherwise indicated by Spanish^{time}.
- ◆ **Private Lesson Payments & Policies:**
 - ◆ Students pre-pay per hour on a monthly basis.
 - ◆ Your day & time is only reserved once we have a completed registration packet and payment.
 - ◆ Private students only receive credit for canceled class if Spanish^{time} is notified a min. of 72 hrs. prior to scheduled class. Class must be used within 30 days or forfeited. Last minute cancellations are forfeited.

DROP OFF/PICK UP & SNACK POLICIES

- ◆ **Child Drop Off & Pick Up:** Parents have a 5 minute window to drop off or pick up kids before and after class. Late fees of \$1/min. apply after that.
- ◆ **Open Door Policy:** For our new students, we allow parents to remain in class for a short while to help with the transition. After transition, we ask that parents not remain in class as it becomes a huge distraction. For special occasions, please contact the office to make arrangements in advance.
- ◆ **Waiting:** While we do not provide a "waiting area" for parents, we have printed materials for local "things to do" while your child attends Spanish class.
- ◆ **Snacks:** Classes of 2 hours or more, students bring a snack to eat during class. (no peanut products please!)

I have read and understand all Spanish^{time} policies.

Signature: _____
Parent/Legal Guardian Date



CDC/SGH # or name: _____

Emergency Information and Immunization Record Card

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Mother or Guardian Name:	Home Address (#, Street, City):	Home Phone:
Cell Phone (optional):	Business Address (#, Street, City):	Business Phone:

Father or Guardian Name:	Home Address (#, Street, City):	Home Phone:
Cell Phone (optional):	Business Address (#, Street, City):	Business Phone:

I authorize the following individuals to collect my child from the facility if I cannot be located:

Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:

The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. yes no

If Medical care is necessary, CALL:

DOCTOR	Name:	Address (#, Street, City):	Phone:
HOSPITAL	Name:	Address (#, Street, City):	Phone:

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

In case of injury or sudden illness, I request that this individual be called first:

Does your child have insurance coverage? No Yes Name of Insurance Company:

Telephone Authorization Code : _____ (optional)

Immunization Information

~~For information regarding current immunization requirements go to: www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.~~

~~One of these items must accompany the EHR card at all times:~~

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day/ yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE: