



Spanish After-School Program
At Mt. Bethel E.S. for K-5th Grade Students
Register for Spring 2018

Due to the high level of interest, enthusiasm and participation, we are thrilled to continue our Spanish after-school enrichment program! This is a well established Cobb County foreign language program. Classes are taught by experienced classroom Spanish teachers. We create a productive and fun learning environment, where the children have an opportunity to establish basic language and beginning conversation skills. We offer classes for beginners, intermediate and more advanced students. We will provide all needed materials and supplies for each student.

Date: from the week of January 22nd until the week of April 16th. We will not have classes during February break and spring break.

Schedule Options:

1st - 3rd grade; Tuesdays and Thursdays 2:30-3:30 pm; each class 1 hour/2 days a week; \$330
3rd - 5th grade; Wednesdays and Fridays 2:30-3:30 pm; each class 1 hour/2 days a week; \$330
Kindergarten and 1st grade class; Wednesdays 3:45-4:45 pm; 1 hour each class/1 day a week; \$190
(\$30 discount **only** if you are registering 2 or more siblings **twice** a week, contact Suzanne Viera, sdmv2000@hotmail.com, for the refund)

Registration ends 1/16/18

We prefer On-line registration which is available at www.spanishnowasp.com, but it is your choice

If you are not doing online registration, carefully read and complete the information below and please mail your registration form and full payment to:

Spanish Now ASP c/o Suzanne Viera
1637 Kinsmon Lane
Marietta, GA 30062

Checks payable to Spanish Now ASP. Checks will not be cashed until the week before classes start (1/16/18)

Registration form on next page

Spanish Student Today. Global Citizen Tomorrow.

"Mt. Bethel Elementary School"

Days (check one): () T and Th 2:30-3:30pm (1st, 2nd and 3rd graders),
() W and F 2:30-3:30pm (3rd, 4th and 5th graders) **OR**
() W 3:45-4:45pm K and 1st graders (beginners, once a week)

Child's name: _____
Current grade and teacher: _____
Parent/Guardian: _____
Home Phone #: _____ cell phone #: _____
Home address: _____
Email address: _____

Medical Information:
Special Medical Problems and/or allergies _____
Emergency contact (name and phone number) _____

Special Services:
Does your student receive any services that will impact your student's participation?
____ Special Education/IEP ____ 504 plan

For questions, please contact Suzanne Viera sdmv2000@hotmail.com Or www.spanishnowasp.com

**Please indicate the # of sessions your child has participated in our Spanish program. (I.e. fall 2010 is one session) My child has participated in _____ sessions of the Spanish enrichment program

T-shirt size (Please circle one) **YXS YS YM YL YXL AS**

****I understand that placement in a Spanish class is based upon a "first-come first-served" basis. I understand that my check for registration will reserve my child's placement in the class, but will not be cashed until the week before classes start. I understand that no refunds will be granted after 1/16/18 _____ (parent initials)**

**I agree to have my child, _____, participate in the Spanish after school program. I understand and I agree to have my child enrolled in the school ASP program in order to participate in the Spanish program. (This is for the safety of every child we enroll, if you should be unexpectedly delayed and unable to pick your child up from Spanish at 3:30pm or 4:45 depending on the class)

** I hereby agree to release and hold harmless the Mt. Bethel Elementary School Foundation (MBESF), its officers, trustees, and representatives and Spanish Now ASP (*Spanish Program*), its employees and representatives, from any responsibility, loss, liability, damage or costs which Participant may incur in this after school program whether caused by the negligence of MBESF and/or Spanish Now ASP (*Spanish Program*), the negligence of Participant and/or others, or due to accidental occurrences. In the case of injury or medical emergency involving Participant, if a parent or guardian cannot be reached, I give the Spanish Now Program representative(s) permission to seek appropriate first aid or medical care and I agree to be fully responsible for the cost of any services provided. Name//Relationship to Child _____ Date _____

Mt. Bethel Elementary Emergency Procedures:
FACT Programs will be cancelled when school is not in session due to any reason, including early release for weather conditions. There will be no make-up class _____ (parent initials)

** Following Spanish class, my child will go to ASP _____ OR my child will go in carpool _____

Parent/guardian signature in agreement with above: _____ Date _____