



Spanish After-School Program
At Mt. Bethel E.S. for K-5th Grade Students
Register for Spring 2020

Due to the high level of interest, enthusiasm and student participation, we are thrilled to continue our Spanish enrichment after-school program! We are a well-established, Cobb County foreign language enrichment program. Classes are taught by creative and enthusiastic Spanish teachers. We create a productive and fun learning environment, where the children have an opportunity to build a strong vocabulary in different units and establish basic language skills. Children previously enrolled in the program will be introduced to new content and challenged with new curriculum. We offer classes for beginners, intermediate and more advanced students. We provide needed materials and supplies for all students.

Date: from the week of January 27th until Friday, April 17th. We will not have classes during February Break (2/17/20-2/21/20) and Spring Break (4/6/20-4/10/20)

Schedule Options:

Kindergarten and 1st grade class; Wednesdays 3:45-4:45 pm; 1 hour each class/1 day a week; \$190

1st - 3rd grade; Tuesdays and Thursdays 2:30-3:30 pm; each class 1 hour/2 days a week; \$310

3rd - 5th grade; Wednesdays and Fridays 2:30-3:30 pm; each class 1 hour/2 days a week; \$310

(\$30 discount **only** if you are registering 2 or more siblings **both twice**)

On-line registration which is available at www.spanishnowasp.com

If you have questions, contact Suzanne Viera

sdmv2000@hotmail.com
770-315-9039

Spanish Student Today. Global Citizen Tomorrow.

Mt. Bethel Elementary School
Spring 2020

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Schedule Options:

- Days (check one):** () T and Th 2:30-3:30pm (1st, 2nd and 3rd graders, twice a week, \$310),
() W and F 2:30-3:30pm (3rd, 4th and 5th graders, twice a week, \$310) **OR**
() W 3:45-4:45pm K and 1st graders (once a week, \$190)

Child's name: _____

Grade for 2019/2020: _____ classroom teacher name _____

Parent/Guardian: _____

Home Phone #: _____ cell phone # _____

Home address: _____

Email address: _____

Medical Information:

Special Medical Problems and/or allergies _____ Epipen: Yes ___ No ___

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

** I agree to have my child, _____, participate in the Spanish after school program.

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. **I understand that no refunds will be granted after 1/20/20 and there is a \$25 cancellation fee _____ (Parent initials)

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)

** 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) _____ (Parent initials)

** I hereby agree to release and hold harmless the Mt. Bethel Elementary School Foundation (MBESF), its officers, trustees, and representatives and Spanish Now ASP, LLC (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, LLC (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 ASP, LLC 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 _____

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

** **Code of Conduct and Refund Policy:** I have read and understand the FACT Program Code of Conduct. I understand that if my child is removed from a FACT Program due to violation of the Code of Conduct that I will not be refunded any tuition or program monies that I have paid

Signature of Parent/guardian _____ Date _____

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