

# ENROLLMENT FORM



To guarantee a spot, Enrollment Form must be dropped off or sent to the Center before deadline, accompanied by initial fees' payment. New students won't be accepted once the maximum number of students has been reached in the group and will be joining a waiting list. Continuing students registering on time will have priority over the new ones. For our Preschooler Program, students enrolling 3 to 5 days a week will have priority. Students enrolling 1-2 days a week will follow upon availability.

**COURSE INFORMATION:**

**Course's Names and Schedules (please circle):**

**Summer Camp:** Week 1: MON TUE WED THURS FRI Week 2: MON TUE WED THURS FRI Week 3: MON TUE WED THURS FRI Week 4: MON TUE WED THURS FRI Week 5: MON TUE WED THURS FRI Week 6: MON TUE WED THURS FRI Week 7: MON TUE WED THURS FRI Week 8: MON TUE WED THURS FRI **Time: 10 AM TO 2 PM**

**Bilingual in Spanish Program:** BEBÉS (TERM 1) / BEBÉS (TERM 2) / PEQUEÑITOS MORNING (TERM 1) / PEQUEÑITOS MORNING (TERM 2) / PEQUEÑITOS AFTERNOON (TERM 1) / PEQUEÑITOS AFTERNOON (TERM 2) / PRE-K MORNING (TERM 1) / PRE-K MORNING (TERM 2) / PRE-K AFTERNOON (TERM 1) / PRE-K AFTERNOON (TERM 2) / GRANDECITOS (TERM 1) / GRANDECITOS (TERM 2) / PRIMARIA 1 (TERM 1) / PRIMARIA 1 (TERM 2) / PRIMARIA 2 (TERM 1) / PRIMARIA 2 (TERM 2) / PRIMARIA 3 (TERM 1) / PRIMARIA 3 (TERM 2) / PRIMARIA 4 (TERM 1) / PRIMARIA 4 (TERM 2) / PRIMARIA 5 (TERM 1) / PRIMARIA 5 (TERM 2) / PRIMARIA 6 (TERM 1) / PRIMARIA 6 (TERM 2)

**Spanish as a Second Language Program:** PRE-K BEGINNER, LESS THAN 9 HRS/WEEK (TERM 1) / PRE-K BEGINNER LESS THAN 9 HRS/WEEK (TERM 2) / MUY BIEN (TERM 1) / MUY BIEN (TERM 2) / MUY BIEN (TERM 3) / MUY BIEN (TERM 4) / LA PANDILLA 1 (TERM 1) / LA PANDILLA 1 (TERM 2) / LA PANDILLA 2 (TERM 1) / LA PANDILLA 2 (TERM 2) / CHICOS&CHICAS 1 (TERM 1) / CHICOS&CHICAS 1 (TERM 2) / CHICOS&CHICAS 2 (TERM 1) / CHICOS&CHICAS 2 (TERM 2) / CHICOS&CHICAS 3 (TERM 1) / CHICOS&CHICAS 3 (TERM 2) / CHICOS&CHICAS 4 (TERM 1) / CHICOS&CHICAS 4 (TERM 2) / SIBLING'S CAMP

**Course's Term (please circle):** Term 1 FALL (Sept. to Dec) Term 2 SPRING (Jan. to June)

**Day/s:** MON TUE WED THURS FRI **Time:** \_\_\_\_\_ TO \_\_\_\_\_

**STUDENT & FAMILY INFORMATION:**

Student's Name: \_\_\_\_\_ Gender: M / F Age: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Mother's Name: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_  
 Guardian's Name (if applicable): \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip code: \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_  
 E-mail Address\*: \_\_\_\_\_ (please note that we may send academic and administrative information via e-mail)

\* [ ] I DON'T WANT INFORMATION TO BE SENT VIA E-MAIL. I WOULD PREFER A HARD COPY.

Person/s authorized to pick up the student (other than parents):

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_

If new enrollee, how did you find out about us? Door-hanger: \_\_\_ Brochure: \_\_\_ Web: \_\_\_\_\_ Recommended by: \_\_\_\_\_

Payment: [ ] Check, included [ ] Credit Card, write number below or pay at the center:  
 Payable to: Paula Repetto or Fabian Repetto CC #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_  
 Last 3 security digits in the reverse side of your card: \_\_\_\_\_. Is the billing address the same as the one above? Yes / No (If No, please specify: \_\_\_\_\_)  
 Type of Card: Visa / Master Card / American Express / Discover

**MEDICAL INFORMATION:** Does the student have any health condition or requirement that we should know about? YES NO  
 If yes, please specify: \_\_\_\_\_ Allergies / Medical information: \_\_\_\_\_  
 Reactions / Observable Symptoms: \_\_\_\_\_  
 Recommended treatment in emergency: \_\_\_\_\_  
 Emergency Contact Name, Phone Number and relationship to student: \_\_\_\_\_  
 Physician Name & Phone Number: \_\_\_\_\_  
 I authorize Super Spanish to administer emergency medical treatment to my child if it becomes necessary: YES NO

Please, **SEND, FAX** or **E-MAIL** this completed form to Super Spanish, along with the payment. Read and sign reverse side.

# TERMS OF AGREEMENT



**COURSE DURATION:** Course Terms at Super Spanish can be 4 months long from September through December (Fall), 6 months long from January through June (Spring), and 8 weeks long for "Verano Camp" (Summer). Private tutoring is hourly based.

**INITIAL FEES:** Initial fees are due on the enrollment deadline date. For a continuing student, materials fees, book fee and first month tuition are taken as a non-refundable down payment for registration. For a new student, materials' fee, book fee and a non-refundable registration fee are taken as down payment.

Enrollment and Book fees for Fall & Spring can be divided in 4 payments if desired by the client. In that case, the down payment for a continuing student would be the complete first month tuition + the first of the four payments for materials' fee and book fee. For a new student, the down payment would be the complete non-refundable registration fee plus one of the four payments for materials' fee and book's fee.

Private tutoring materials fees are charged initially.

**Enrollment fee:** \$ \_\_\_\_\_  
(waived for continuing students)

**Materials fee:** \$ \_\_\_\_\_  
(waived for After School Programs)

**Books fee:** \$ \_\_\_\_\_

**Full Advanced Term's Tuition (optional):** \$ \_\_\_\_\_ or 4 (Fall) / 6 (Spring) / 1½ (Summer) monthly installments: \$ \_\_\_\_\_

**Term's First Day of Class:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Late Enrollment (please circle):** YES NO

Monthly Installments are the payments towards the non-refundable Full Term's Tuition, and therefore are not prorated in June or in any other month consisting of holidays, spring break, winter break, etc.

THE FOLLOWING DISCOUNTS MAY HAVE BEEN INCLUDED IN THE FINAL FEES APPEARING IN THIS CONTRACT:

FULL ADVANCED PAYMENT: 5% / SIBLING: 5% FOR 2 SIBLINGS OR 10% FOR 3+ SIBLINGS / NEW STUDENT SPECIAL: ENROLLMENT FEE: 25% / STUDENT ATTENDING CENTERS IN THE AREA / REFERRAL PROGRAM.

OTHER FEES: MONTHLY INSTALLMENTS RECEIVED AFTER THE 10<sup>TH</sup> OF EACH MONTH: 7.5% LATE CHARGE / RETURNED CHECKS: \$30 CHARGE / STUDENT'S LATE PICK UP OR EARLY DROP OFF: \$ 20 (AFTER THE 5 MINUTE GRACE TIME, UNLESS PRE-ARRANGED).

**LATE ENROLLMENT:** When enrolling after the first class of the month, missed classes will be deducted from the first monthly installment. When enrolling after the beginning of a Term, full Term tuition will change, and the price will be determined by adding up all remaining monthly installments.

**MISSED CLASSES:** Make up classes are provided AT NO EXTRA CHARGE as a regular class of the same Course in a different day, if available, or during our "SUMMER CAMP". To be eligible for a make-up class, the Center must be notified in advance of absence (no exceptions). To schedule a make-up class, the "MISSED CLASS CREDIT COUPON" provided by the Center, must be completed, signed and handed to the center's personnel. There are no refunds for missed classes. There is no make up class for a missed make up. MISSED CLASSES DURING THE SUMMER CAMP CAN ONLY BE MADE UP DURING THE SUMMER CAMP. TO VALIDATE MAKE-UP COUPONS DURING SUMMER CAMP, PLEASE ATTACH COUPONS TOGETHER WITH THIS FORM AFTER ADDING UP ALL HOURS. THE TOTAL AMOUNT OF HOURS RESULTING, WILL BE DISCOUNTED FROM THE AMOUNT OF HOURS YOU ARE ENROLLING TO.

**CHANGE OF SCHEDULES:** To be eligible for a change of schedule, the "Change of Schedule Form" must be completed and given to the Directors at least 10 days before the intended new schedule. A spot on a schedule different from the one appearing in "Terms of Agreement" cannot always be guaranteed.

## EARLY WITHDRAWAL / CANCELLATION:

IN THE EVENT OF AN EARLY WITHDRAWAL OR NON-COMPLETION OF THE COURSE'S TERM, THE CANCELLATION FEE WILL BE THE EQUIVALENT OF 3 MONTHLY INSTALLMENTS. WHEN COURSES ARE CANCELLED BY SUPER SPANISH DUE TO INSUFFICIENT ENROLLMENT OR LOSS OF STUDENTS, TUITIONS PAID IN ADVANCE, REGISTRATION, MATERIALS AND/OR BOOK FEES WILL BE REFUNDED 60 DAYS AFTER THE FIRST CLASS DATE OR AFTER THE LAST SESSION. CLASSES ALREADY ATTENDED WONT BE REFUNDED. THE BOOK NEEDS TO BE RETURNED TO THE CENTER IF NEVER USED.

**I AGREE WITH THE DISCIPLINE POLICY:** "POSITIVE REINFORCEMENT" AND "CONFLICT RESOLUTION" ARE THE MAIN PHILOSOPHIES REGARDING DISCIPLINE AND BEHAVIOR IN ALL COURSES. STUDENTS NEED TO FEEL THEY ARE IMMERSSED IN AN ACCEPTING AND TOLERANT ATMOSPHERE IN ORDER TO FEEL CONFIDENT AND COMFORTABLE ENOUGH TO SPEAK THE LANGUAGE. STUDENTS NEED TO FEEL THAT IT IS OK FOR THEM TO MAKE MISTAKES, AND THAT THEY CAN CORRECT THEMSELVES IF THEY DID NOT FOLLOW OR UNDERSTAND ANY DIRECTION GIVEN TO THEM. THE MOST IMPORTANT ROLE OF THE TEACHER REGARDING DISCIPLINE IS TO CREATE THIS RELAXING AND ACCEPTING ENVIRONMENT FOR THE STUDENTS, ADDRESSING CONFLICTS OR MISBEHAVIORS VERY STRATEGICALLY, WITH PATIENCE AND PERSISTENCE. LANGUAGE IS ALL ABOUT INTERACTION, AND THIS IS WHAT NEEDS TO BE ACHIEVED IN THE FIRST PLACE (ENCOURAGING PARTICIPATION, ACTION AND INTERACTION AT ALL TIMES, AND THIS IS WHY IT IS NOT A TYPICAL CLASS). IT IS THE TEACHER'S CONSTANT ROUTINE TO BALANCE THESE INTERACTIONS IN AN ENCOURAGING, YET EFFECTIVE WAY. IF THERE'S PERSISTENT MISBEHAVIOR, IN SPITE OF ALL THE PREVIOUS EFFORTS, THE FOLLOWING CONSEQUENCES WILL BE APPLIED: 1<sup>ST</sup> INCIDENT/DISRUPTION IN CLASS: THE STUDENT IS GIVEN A VERBAL WARNING. / 2<sup>ND</sup> INCIDENT/DISRUPTION IN CLASS: THE STUDENT LOOSES THE CHANCE TO WIN A CERTAIN AMOUNT OF POINTS OR STARS. / 3<sup>RD</sup>. INCIDENT/DISRUPTION: THE STUDENT IS GIVEN A TIME OUT APART FROM THE CLASS. / 4<sup>TH</sup> INCIDENT/DISRUPTION: THE STUDENT IS TAKEN TO THE OFFICE WHERE A TEACHER TALKS WITH HIM / HER SEPARATELY AND ASKS IF THERE'S SOMETHING WRONG, PARENTS ARE TOLD ABOUT THE INCIDENT, AND A SOLUTION PLAN WILL BE DETERMINED BETWEEN PARENTS AND TEACHER /DIRECTOR.

**LIABILITY WAIVER:** I REALIZE THAT ANY SUPER SPANISH COURSE INTENDED FOR CHILDREN, WHICH INVOLVE MOVEMENT AND MOTION, CAN RESULT IN PHYSICAL INJURY. I PERMIT MY CHILD TO PARTICIPATE IN THEM AND RELEASE SUPER SPANISH, ITS OWNERS, EMPLOYEES, INSTRUCTORS AND STAFF FROM ALL LIABILITY FOR INJURY TO MY CHILD FROM HIS/HER PARTICIPATION IN THIS PROGRAMS. I ALSO ACCEPT THE RESPONSIBILITY FOR MY CHILD AFTER THE CLASS HAS FINISHED OR BEFORE IT STARTED.

By signing I certify that the information in the "Enrollment Form" is true. I have personally read and understood the policies stated in this document and agreed with all of them, as well as with other communications (such as brochures, website and parent handbooks) listing additional information and policies about the courses. Please sign & date:

Mother: \_\_\_\_\_ / / or Father: \_\_\_\_\_ / / or Guardian (if applicable): \_\_\_\_\_ / /

PRINT: .....