

WAITING LIST FORM



New or continuing students can join a waiting list when:
 A: the maximum number of students has been reached in the intended group, and a new group will be formed once the necessary number of students to start class has enrolled, or
 B: when the required minimum hasn't been reached to start class.

INTENDED 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 _____

PROSPECTIVE 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: _____

Please, **SEND, FAX or E-MAIL** this completed form to Super Spanish.

No payment is required at this time.

We do not call families to confirm the reception of this form, but you will receive a phone call once we have news about the intended group starting.

Thank you for choosing Super Spanish!