

THE SPANISH SCHOOL

At The Children's Academy of Springfield
37 Church Mall, Springfield, N. J. 07081

Director: Paula Masi

CHILD'S NAME _____ BIRTHDATE _____

ADDRESS _____

TELEPHONE _____ CELL PHONE _____

EMERGENCY CONTACT (1) _____

(2) _____

Fall classes begin the week of October 10th. Please indicate which session/sessions below.

Fall Session: _____

10/10, 10/17, 10/24, 10/31, 11/14, 11/21, 12/5, 12/12

Winter Session: _____

1/9, 1/16, 1/23, 1/30, 2/6, 2/13, 2/27, 3/6

Spring Session: _____

3/3, 3/20, 3/27, 4/3, 4/24, 5/1, 5/8, 5/15

The fee for this program is \$250 per 8 week session. Register for all three (3) sessions and pay \$720 which is a \$30 reduction.

Please make your check payable to Paula Masi and submit payment along with this form. Tuition is due at time of enrollment.

The undersigned hereby acknowledges that he/she has read, understands and accepts for foregoing policies regarding The Spanish School at The Children's Academy

Date

Signature of Parent/Guardian