

Espanol Con Sonrisas!

Director: Paula Masi

2011/2012

CHILD'S NAME: _____ BIRTHDATE: _____

ADDRESS: _____

TELEPHONE: _____ CELL PHONE: _____

EMERGENCY CONTACT: _____

Fall classes begin the week of October 24th. Please indicate which session/sessions below.

Fall Session: _____

10/24, 10/31, 11/7, 11/14, 11/21, 11/28, 12/5, 12/12

Winter Session: _____

1/2, 1/9, 1/23, 1/30, 2/6, 2/13, 2/27, 3/5

Spring Session: _____

3/12, 3/19, 3/26, 4/2, 4/16, 4/23, 4/30, 5/7

Classes will be held every Monday at The Children's Academy. 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. Payment is due at the time of enrollment.

Signature of Parent/Guardian

Date