



[www.giftoflanguage.org](http://www.giftoflanguage.org)

## After-School Foreign Language Enrichment Program

# Spanish



Children learn when they are enjoying themselves. Our all immersion method uses visuals, symbol cards and board games to engage and involve children.

Visit curriculum link on our website [www.giftoflanguage.org](http://www.giftoflanguage.org) for information on Levels.

### - SPANISH SUMMER PROGRAM- -

July 9th to August 3rd, 2012 at Incarnation Community Center, 214 West Fairview Avenue, Glendale, CA 91202 is ALL day 4 WEEK FULL immersion and open to students ages 4-7 and 8-12.

**CHECK OUR WEBSITE!**

### Contact information:

[www.giftoflanguage.org](http://www.giftoflanguage.org)

626-532-7607

[info@giftoflanguage.org](mailto:info@giftoflanguage.org)

### Class dates and time:

Class held at **St Johns Eudes**

9925 Mason Ave. Chatsworth CA 91311

(818 )341-1454

Spanish Mondays: 3:00-4:00pm class starts January 9, 2012

Class held on January 9, 23,30 February 6, 27 March

5,12,26 April 2,9,16,23, 30 May 7 Fee \$280

Class held in Science Lab and 3rd Grade classroom

### *Interested in another language? Let us know...*

Please hand registration form to school office no later than 01/8/2012 or quickly

ENROLL ONLINE [www.giftoflanguage.org](http://www.giftoflanguage.org) to pay via credit card

No refunds will be issued after 01/9/2012

(Class will be subject to cancellation if minimum sign ups of 10 is not met)

**(Registration WILL NOT BE ACCEPTED without payment)**

**\*\*\* Registration and payment shall be made to the Gift of Language. \*\*\***

I give permission for my child to attend the Gift of Language after-school class at **St Johns Eudes**  
I understand that it is my responsibility to arrange adult supervision immediately at the end of class and I Agree to the Terms and Policies of Gift of Language available on the Registration page on [www.giftoflanguage.org](http://www.giftoflanguage.org)  
Gift of Language:  **SPANISH**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Name \_\_\_\_\_ Parent E mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_ Parent Signature \_\_\_\_\_

Please choose the method of dismissal for your child after class: Parent Sign Out Student Sign Out

Release to Day Care on school premises (name of daycare) \_\_\_\_\_