



Spanish Workshop for Children Mini Summer Programs

Registration Form

Please complete and mail to the address below. By completing this registration form, you acknowledge that you understand the Policies of the Enrollment.

Child's Last Name _____	Child's First Name _____	Birth Date ____/____/____
LOCATION _____		
Spanish for Toddlers –PreK- Young Children	Program Day(s) _____	Program Time: _____ - _____
Spanish Mini Camp	Program Day(s) _____	Program Time: _____ - _____
Child's Last Name _____	Child's First Name _____	Birth Date ____/____/____
LOCATION _____		
Spanish for Toddlers –PreK- Young Children	Program Day(s) _____	Program Time: _____ - _____
Spanish Mini Camp	Program Day(s) _____	Program Time: _____ - _____
How did you hear about Spanish Workshop for Children?		
Parent's Names _____		Email Address _____
Home Address _____		City , State and Zip _____
Home Phone _____	Cell Phone _____	Work Phone _____
Non-Parent Caregiver _____		
Emergency Contact (If parents can't be reached) _____		Emergency Phone _____
		Emergency Cell _____
Does your child have any physical, medical or other issues of which our teachers should be aware, including allergies or food restrictions? <input type="checkbox"/> yes <input type="checkbox"/> No If yes , please describe:		
I have read, understand and agree to the Enrollment Policies.		
Parent/Guardian Signature _____		Date: _____
Payment Information		
Options	Payment Due	
--- Spanish for Toddlers (once a week) PreK - Young Children	<input type="checkbox"/> CHECK	CREDIT CARD : <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
--- Spanish for Toddlers (Twice a week) PreK- Young Children		Name(as appears on the Credit Card) _____
--- Mini Camp (4 weeks)		Credit Card Number _____
--- Mini Camp _____ weeks		Expiration Date ____/____/____ Today's Date ____/____/____
Total Due Today _____		Signature _____

Mail to: Spanish Workshop for Children, LLC, PO Box 693 Blue Bell, PA 19422 – TE: 610.489.5595