

**Tritt Elementary Foundation  
Foreign Language Enrichment Program  
Spanish**

Child's Name: \_\_\_\_\_

Grade/Teacher 2010-2011: \_\_\_\_\_

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Number: \_\_\_\_\_

Primary Cellular Number: \_\_\_\_\_

Secondary Cellular Number: \_\_\_\_\_

**Email Address:** (please print) \_\_\_\_\_

Please list any allergies or medical conditions that you feel we should know about:

---

**\*\* Please circle the number of sessions your child has participated in our Spanish program. (ie. Fall 2009 is 1 session) 0, 1, 2, or Spanish experience with other program**

**\*\*Please circle the preferred class placement you would like for your child from the options below: We will offer classes Wednesday or Friday depending upon enrollment. Please let us know if your child CANNOT participate on Wednesday or Friday.**

**Spanish Play:** for Kindergarten children.

- **Beginner:** Ideal for 1<sup>st</sup> grade children or 2<sup>nd</sup> grade new to the program.
- **Intermediate:** Ideal for 2<sup>nd</sup> -4<sup>th</sup> grade children with some experience in our program.
- **Advance:** Ideal for 3<sup>rd</sup>-5<sup>th</sup> grades with more experience.

---

\*\*I agree to have my child, \_\_\_\_\_, participate in the Spanish after-school program.

\*\*I understand that placement in the Spanish class is based upon a "first come- first served basis". I understand that the placement of every child is based on the availability of the class. (We work very hard to place every child in the appropriate class according to age, your circled preferred class and experience.) I understand that no refunds will be granted following registration.

**My child will be:**

\_\_\_\_\_ *Attending ASP*                      \_\_\_\_\_ *Picked up at car pool*

**\*\*Please note that car pool students will be admitted to ASP if they are not picked-up within 10 minutes after the class end.**

---

**Parent/Guardian Signature in agreement for all statements above:** \_\_\_\_\_