



SPANISH ENRICHMENT AFTER SCHOOL LANGUAGE CLASS

The CLES PTA will again be sponsoring Spanish as an after school enrichment activity. The class will be taught by Mrs. Jennifer Aragon, (AKA: Ms. Keefover). During this ten week session students will learn introductory vocabulary, beginning and intermediate conversational Spanish phrases, and dialogues that will introduce them to the language.

The cost is \$75.00 per student. All checks should be made payable to Mrs. Jennifer Aragon. The class limit is 20 students. The class is offered to students attending CLES in grades K-5. Your student may bring a healthy, peanut free, working snack to class.

Classes will all be held on Tuesday and Wednesday and the three classes offered are:

- Tuesday, Session grades K-1 from 3:35 pm to 4:35 pm
Class dates: 9/18/07, 9/25, 10/2, 10/9, 10/16, 10/23, 11/6, 11/13, 11/27, and 12/4 (no class 10/30 or 11/20).
- Wednesday, Session #1, grades 2-3, from 3:35 pm to 4:35 pm
Wednesday, Session #2, grades 4-5, from 4:40 pm to 5:40 pm
Class dates: 9/19/07, 9/26, 10/3, 10/10, 10/17, 10/24, 11/7, 11/14, 11/28, and 12/5 (no class 10/31 or 11/21).

Registration will start with open registration on Thursday, September 6, 2007 from 6:00 pm till 8:00 pm at CLES. Please have your registration form complete as extra copies will be limited. The registration form can be located on the information carousel in the front lobby of CLES and can also be found on the CLES PTA web site www.clespta.org. Any questions or comments can be directed to the PTA coordinator for this program Terri Chiu at tachiu@comcast.net.



CLES PTA AFTER SCHOOL SPANISH LANGUAGE
PROGRAM REGISTRATION FORM/WAIVER, 2007-2008

STUDENT NAME _____

BIRTHDAY, INCLUDING YEAR _____

GRADE / TEACHER _____

CLASS (circle one): K-1 (Tu 3:35-4:35pm) ***2-3 (W 3:35-4:35 pm)***4-5 (W 4:40-5:40 pm)

ALLERGIES (FOOD OR DRUG) _____

PARENT'S NAME _____

DAY PHONE _____ EVENING PHONE _____

CELL PHONE _____

ADDRESS _____

My child will (circle one):

- be picked up by a parent
- be picked up by someone other than a parent (name) _____
- go to after care _____ (you must notify your aftercare provider)
- walk home

****PARENT'S E-MAIL** _____

EMERGENCY CONTACT, IF PARENT IS NOT AVAILABLE _____

CHECK # _____

RELEASE: I, as the parent or legal guardian of the above-named child, hereby give permission for his/her participation in this activity. I further authorize, without my prior approval, the rendering of any emergency medical treatment should the above-named child become ill or injured while participating in this activity. In consideration of the permission granted to the above-named child to participate in this activity, I do hereby agree, on my own behalf and on behalf of the above-named child, to release the instructor and the Centennial Lane Elementary School PTA (CLES-PTA) and its officers, members, agents, representatives, and volunteers, from any and all actions, causes of action, damages, claims, or demands of whatever kind or nature which I or the above-named child may have against the CLES PTA, the instructor, or the other above-listed parties for any injuries, known or unknown, which are incurred by, arise from, or in any way relate to the above-named child's participation in this activity.

I have read this release and fully understand its terms. I execute the release voluntarily and with full knowledge of its significance and consequences. Please make a copy of this form for your records.

Signature of parent or Guardian

date

****Please include email for class updates and registration confirmation. Thank You.**