



The Language & Cultural Club

Spanish Immersion Program for Children

Sponsored by: **Waverly Elementary School PTA**

Winter/Spring Session, 2019



Classes

MONDAY: Grades K to 2nd, 4:00-5:00 pm
 WEDNESDAY: Grades 3-5, 4:00-5:00 pm
 (K-2): Feb.11,25, March 4,11,18,25, April 1 & 8.
 (3-5): Feb. 6,13, 20, 27, March 6,13,20, 27, 2018
 Classroom: WES/Art Room A119



Tuition

\$150/per student for an 8-week session
 Sibling Discount 10% off
 Parent Volunteer: 50% off first child**
 (First come, first served basis)



Enrollment

Enroll online at:
<http://www.t-lcc.com/registration>
 or send form to TLCC
DO NOT SEND TO SCHOOL
REGISTRATION starts Dec.7, 2018

* Parent volunteers interested, please send an email to: programs@t-lcc.com. We will confirm your position one week before classes start. Discounts/refunds will apply after students are enrolled and payment is made online. Parent volunteers can only qualify for one discount.

TO REGISTER: Enroll online recommended! Or submit your completed registration form through mail along with payment to The Language & Cultural Club (TLCC). Address: 9546 Michaels Way, Ellicott City MD 21042. Questions: E-mail: programs@t-lcc.com.

I WANT MY CHILD TO PARTICIPATE ON: Day: _____ 8-week session: Winter/Spring2019		SCHOOL: Waverly Elementary (WES)	
Student's Name: (last, first)		Birthday:	
Grade/Homeroom Teacher:		Food/Drug Allergy/medical conditions:	
Parent/Guardian:		Phone #1:	Phone #2:
Address:		City:	Zip Code:
I authorize release of photos and/or videos of my child to be posted without identity:		YES:	NO:
Email:		After class my child will: Be picked up by: _____	
Go to aftercare in building: _____		Name on card:	
Payment Information: Checks, MasterCard, Visa, Discover & Amex		Billing Address:	
CC #: _____		City: _____	
Card Exp: _____ CCV: _____		State: _____ Zip Code: _____	

I hereby grant permission for my child to participate in the above-described activity. In the event my child becomes ill or injured while participating in this activity, I hereby authorize and consent to the rendering of any reasonable emergency medical treatment due to the illness or injury stemming from my child's involvement in the activity. While the instructor and/or parent volunteer will make their best efforts to contact you or one of the emergency contacts you listed above, as quickly as possible, I understand, agree and consent to allow emergency medical treatment to be administered to my child as quickly as possible, regardless of whether I or any of my emergency contacts have been successfully contacted. In consideration of the permission granted by the Parent or Legal Guardian to allow the above named student/child to participate in this activity, I do hereby expressly agree, on my own behalf and on behalf of my child, to release the instructor and The Language & Cultural Club and its officers, members, agents, representatives, and volunteers from any and all liability, actions, causes of action, damages, claims, or demands of whatever kind or nature which I or the above-named child may have against, or could have against, any of the persons or entities herein before listed in this document. This includes, but is not limited to, any injuries, or illnesses sustained by my child, known or unknown, anticipated or unanticipated, which arise from, or are in any way related to, the above-named child's participation in this activity. I have read and fully understand the terms of this Release. I hereby execute the release voluntarily and with full knowledge of its significance. The Language & Cultural Club do not offer refunds for tuition paid once a session has begun, but will provide a credit towards future Tic-Talk Spanish classes when warranted. Class availability is subject to enrollment (Minimum of 5 students, Maximum of 20). \$25 fee on all returned checks. It is your responsibility to pick up your child from the designated area at the designated end time unless other arrangements have been made.

Signature: _____ Date: _____