

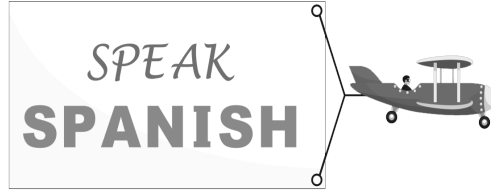


# The Language & Cultural Club

Spanish Immersion Program for Children

Sponsored by: **PTA - Worthington Elementary School**

**Winter Session 2019**



## Classes

MONDAY/8-week session  
4:10 – 5:10 pm  
Feb. 4 to April 1st, 2019  
(Feb.4,11,25, March 4,11,18,25, and April 1)  
Classrooms: Art & Music Rooms WoES



## Tuition

\$150/per student per session  
Sibling discount: 10%  
Parent Volunteer: 50% off first child\*  
(First come, first served and must attend all classes)



## Enrollment

Enroll online at:  
<http://www.t-lcc.com/registration>  
or send form to TLCC  
**DO NOT SEND TO SCHOOL**  
**REGISTRATION DEADLINE: Jan.27/2019**

\* Parent volunteers interested, please send an email to: [programs@t-lcc.com](mailto:programs@t-lcc.com). We will confirm the 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](mailto:programs@t-lcc.com).**

Student's Name: (last, first)	Grade/Homeroom Teacher: Grade: _____ Teacher's Name: _____
Parent's/Guardian's Name:	Parent's/Guardian's Email: _____
Parent's Cell Phone #1:	Parent's/Guardian's Phone # 2: _____
Emergency Contact:	Emergency contact phone #: _____
Allergies/medicine reactions/physical condition:	I authorize release of photos or videos of my child without identity: YES _____ NO _____
After class, my child will go to after care in the building?  YES _____ NO _____	After class my child will be picked up? YES _____ NO _____ Authorized person to pick up your child: Name: _____ Cell Phone # _____
<b>Payment Information:</b> Check # _____ MasterCard _____ Visa _____ Discover _____ Amex _____	Name on card: _____
Credit Card #: _____	Billing Address: _____
Card Expiration date _____ CCV _____	City _____ 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, contractors 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 Spanish classes when warranted. Class availability is subject to enrollment (Minimum of 6 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 \_\_\_\_\_