

HILLCREST LANGUAGE SCHOOL FALL 2011 REGISTRATION

Please return registration form, the attached medical emergency form (on back), and payment to the address below. Thank You.

Student: _____ Grade (2011/2012): _____

Parent/Guardian: _____

Address: _____

Tel: _____

Email*: _____

PLEASE CHOOSE YOUR SESSION: Check one please.

Fall semester dates: Monday, September 26, 2011 – Thursday, January 26, 2012.

_____ Morning classes (Monday, Tuesday, Thursday, Friday 7:50-8:20am)

_____ Afternoon classes (Tuesday and Thursday 3:00- 3:50pm)

PAYMENT

Fall semester payment of \$450 is due by Monday 9/19/11.

To arrange a payment schedule prior to payment deadline, please contact Karen Plessinger via email: HLS.Treasurer@gmail.com.

Please make checks payable to "Hillcrest Language School." Checks can be left in the "Hillcrest Language School" mailbox in the school office (not the "Spanish" mailbox) or mailed to "Hillcrest Language School, 30 Marguerite Drive, Oakland, CA 94618".

CONTRACT FOR EDUCATIONAL SERVICES:

By enrolling my child in HLS, I, parent of _____, _____
Student

understand that I am entering into a binding contract for language classes. I commit to paying HLS the full tuition of \$450 prior to the start of each semester (*fall payment deadline is September 19, 2011*) unless I otherwise have arranged a payment schedule plan with HLS. Refunds minus the \$80 deposit are issued by writing to: HLS.Treasurer@gmail.com, during the first two weeks of classes. No refunds will be issued after 2nd week of classes or due to school strikes.

Please note that for the safety of the students and the integrity of the program, HLS does not tolerate inappropriate or disruptive behavior. HLS teachers will work with students and parents to resolve discipline issues. However, HLS has the right to ask the student to leave the program without issuing a refund if these efforts fail.

It is the responsibility of the parent to ensure your child reaches his/her Spanish classroom in the morning. HLS does not provide supervision in the halls or playground before classes. Students should be walked to their classroom by an adult. Failure to escort the child to the classroom amounts to an assumption of liability and risk relating to the child, that day.

I understand and agree with the above.

Signature of Parent

(Please complete both pages.)

2011/2012 EMERGENCY CARD

HILLCREST LANGUAGE SCHOOL

30 Marguerite Dr., Oakland, CA 94618

Student's Name

Teacher (will be filled in later)

Address

Date of Birth

Grade

City

Zip

Home Telephone

Parent #1 Name

Cell #

Work #

Parent #2 Name

Cell #

Work #

If an injury is of a serious nature, my child should be taken to:

_____ the nearest Emergency Hospital or _____

Child's Physician

Tel#

Medical Coverage and #

Special Medical Information:

STUDENT RELEASE: In case you cannot be reached, designate 3 local people to whom your child may be released in case of an illness or personal emergency:

Name

Address

Relationship

Phone

1. _____

2. _____

3. _____

In case of a major emergency, HLS teachers have been instructed to keep all children inside Hillcrest Elementary School grounds until you or one of the above individuals arrive.

Medical Emergency: In signing this form, I/We give consent for persons listed above and HLS personnel to seek aid for my child in the event of a medical emergency.

Parent Signature

Date

Parent Signature

Date