

Hoffman School's PTA-sponsored Global Language Program

Registration Form

Please return this form and your payment of \$250 to the Hoffman office. Please make checks payable to HE/HO PTA.

Program Details

- This is an optional, self-funded, after-school program sponsored by the PTA
- Program runs October to April. Start date and program calendar will be distributed in September.
- Program open to K through 5 grade.
- Classes meet Monday and Wednesday or Tuesday and Thursday from **2:35 PM – 3:15 PM**.
- Payment is due upon registration. Make checks payable to HE/HO PTA.
- Payment does not guarantee enrollment.
- **No refunds are available once the students have been placed in a class.**
- For more information, please see the program description page.

Student and Parent Information

Today's Date _____

Student's grade in September 2011 _____

Student's Name

Parent/Guardian Name

Address

Home Phone

City, State, Zip

Parent's Alternate Phone (work, cell)

Parent's address (if different from above)

Parent's City, State, Zip (if different from above)

Parent's Email (used for program updates)

Class Selection

Please mark your selection with an "x" in the appropriate box. **All classes are contingent on total enrollment.**

Language	French	Spanish	Mandarin
<i>Beginners</i>			
<i>Intermediate I - 1 year prior experience at HE or similar</i>			
<i>Intermediate II - 1 years prior experience at HO</i>			
<i>Intermediate III - 2 years prior experience at HO</i>			
<i>Mon/Wed – Spanish, Mandarin or French</i>			
<i>T/Th – Spanish multi-level only</i>			

Parent Volunteers

Please help us make the program a success. Check one or more of the boxes below if you would like to help out with the program. For more details, see the program description page.

- I'd like to learn more about being a PTA Representative for the program.

Emergency Contact Information

The Global Language Program is an extra-curriculum program. For this reason, our instructors and parent volunteers will not have access to the emergency contact information that you have on file with the Hoffman office. Please provide us with emergency contact information appropriate for our program.

Student Name: _____
Instructor: _____

Name

Relationship to student

Home Phone

Cell Phone

Name

Relationship to student

Home Phone

Cell Phone

Name

Relationship to student

Home Phone

Cell Phone

Does your child have any medical conditions, allergies, or special needs we should be aware of? _____

Behavior Policy

Please read and discuss these behavior expectations with your child. Your signatures verify your understanding of these guidelines:

- The Hoffman Global Language Program operates on the assumption of a respectful learning environment, your child is expected to be sensitive to other people's feelings and express his/her thoughts using appropriate language.
- Your child has the responsibility to respect and listen to the instructor and to the fellow students and the property of others.
- The Hoffman Global Language Program reserves the right to take action and remove a child who behaves inappropriately. In this case there will be no refund.

Student Signature

Date

Parent Signature

Date

If you have questions, please contact:

Kira Maar	Program Coordinator	(847)729-0940
Liz Coy	PTA Representative	(847) 729-7178