



Spanish After-School Program
At Kincaid E.S. for K-3rd Grade Students
Register Now for Fall 2017

Due to the high level of interest, enthusiasm and student participation, we are thrilled to offer our Spanish enrichment after-school program! We are a well-established, Cobb County foreign language enrichment program. Classes are taught by experienced classroom Spanish teachers. We create a productive and fun learning environment, where the children have an opportunity to establish basic language and beginning conversation skills. Children will be introduced to new content and challenged with new curriculum. We offer classes for beginner and intermediate level students. We provide needed materials and supplies for all students.

Days: Wednesdays/1 hour per week, for 10 weeks.

Dates: September 13th - December 13th. We will not have classes during Fall Break (9/27), Conference week (10/18), Election week (11/8), and Thanksgiving Break (11/22).

Time: 2:30pm to 3:30pm at Kincaid E.S.

Registration begins NOW and will close on 9/6/17

Cost: \$180.00- payable to Spanish Now ASP; **checks will not be cashed until 9/6/17**

Please mail your registration form and full payment to:
 Spanish Now ASP c/o Marilyn Milley
 1498 Vanderbilt Way
 Marietta, GA 30068

On-line registration is also available at www.spanishnowasp.com

Kincaid Elementary School

Child's Name: _____

Grade for 2017/2018: _____ **classroom teacher name** _____

Parent/Guardian: _____

Home Phone #: _____ **cell phone #** _____

Home address: _____

Email address: _____

Please indicate allergies or medical concerns of which we should be aware:

T-shirt size (Please circle one) YXS YS YM YL YXL AS

For questions, please contact Marilyn Milley mmilley@bellsouth.net Or www.spanishnowasp.com

** Placement in the Spanish class is based upon a "first-come first-served" basis. I understand that my check for registration will reserve my child's placement in the class, but will not be processed until one week prior to the start of the session. **I understand that no refunds will be granted after 9/6/17.** _____
 (parent initials)

* *I agree to have my child, _____, participate in the Spanish after-school program. I understand and I agree to have my child enrolled in the school's ASP in order to participate in the Spanish program. (This is for the safety of every child we enroll, if you should be unexpectedly delayed and unable to pick your child up from Spanish at 3:30pm)

** I hereby agree to release and hold harmless Kincaid E.S., its officers, trustees and Spanish Now ASP, and representatives, from any responsibility, loss, liability, damage or costs which Participant may incur in this after-school program weather caused by the negligence of KES or Spanish Now ASP, the negligence of Participant and/or others due to accidental occurrences in the case of injury or medical emergency involving Participant, if a parent or guardian cannot be reached, I give the Spanish Now ASP program representative(s) permission to seek appropriate first aid or medical care and I agree to be fully responsible for any cost incurred.

** I understand that the Spanish program will follow my child's elementary school administrative policy for school cancelations and make-up days.____(parent initials)

** Following Spanish class, my child will go to ASP _____ OR my child will go in carpool _____

Parent/guardian signature in agreement with above: _____ Date _____

Spanish Student Today. Global Citizen Tomorrow.