

World Languages



Thoreau

2012 Spring Session

Give your child the opportunity for success
with early language learning!

FRENCH
SPANISH



是 Sí! Oui!

The elementary years are the best time for children to learn another language. Research shows that learning a language enhances cognitive development and basic skills performance. Because a new language is not familiar children must acquire new learning strategies. This program offers your child the opportunity to improve their academic skills including understanding of their own language. Language classes also introduce them to different cultures which helps them broaden their outlook and develop an understanding of others.

Classes are held from January 31 - April 25, 2012 • Follows school calendar.

	Class	Time		Early Bird	Regular
T	Spanish	3:22 - 4:22	12 wks	\$95*	\$110
W	French	3:22 - 4:22	12 wks	\$95*	\$110

Program Highlights

- Weekly classes at your child's school
- Native and fluent instructors with teaching experience
- Small class sizes
- Students grouped by age and ability as enrollment allows
- Emphasis on real-life conversations

Program Goals

- Immerse children in the chosen language as much as possible
- Develop confidence in language learning
- Build vocabulary and comprehension skills
- Model and teach proper pronunciation
- Create a foundation and neuro-pathways for language learning

Completed registration forms and class fees must be received at the AFTER SCHOOL office. Classes are enrollment dependent.

*Early Bird Rate - if received before or on Friday, Dec. 23, 2011.

BOOST/Club Discount - \$5 discount for children enrolled in AFTER SCHOOL BOOST/Club program.

Registration deadline is Friday, Jan. 13, 2012

What's NEW?

- **NUEVO** World Language program coordinator with many years of language and teaching experience who will be training our teachers to use new methods and activities!
- **NOUVEAU** New weekly snack provides a fun setting for conversation practice.
- 新 End of semester celebration where students can show their parents what they have learned!
- **NEW** International Fair in conjunction with the annual AFTER SCHOOL Spring Fair! Thursday, April 26, 2012.

AFTER SCHOOL is a program of Wisconsin Youth Company, Inc., a private, non-profit organization.

Call 608-276-9782 or
visit our website to print registration materials.

www.wisconsinyouthcompany.org

Part I

Registration Form - Thoreau World Languages - Spring 2012



Please complete parts II, III and IV on the following pages. Extracurricular permission form is required for children enrolled in AFTER SCHOOL.

Child's Name (First, Middle, Last) _____

Gender _____ Birthdate (M/D/Y) _____ Age _____

Grade in Fall 2011 _____ Homeroom Teacher _____

Child resides with: _____ Mother _____ Father _____ Guardian _____

Mother / Father / Guardian (Circle one.) Primary Account Holder _____

Mother / Father / Guardian (Circle one.) Secondary Contact Person _____

Address _____

Address _____

City/State/Zip _____ Home Phone _____

City/State/Zip _____ Home Phone _____

Cell Work Home

Cell Work Home

Work Phone _____ Best Phone # During Program Hours _____

Work Phone _____ Best Phone # During Program Hours _____

Best Location/Address During Program Hours _____

Best Location/Address During Program Hours _____

E-mail Address _____

E-mail Address _____

Departure Authorization: (Any changes during the school year need to be made in writing to the administrative office.) After class my child:

- may return to the AFTER SCHOOL BOOST/Club program for which he/she is enrolled. (Completed extracurricular permission form required.)
- may leave independently to walk home or meet a person outside of the classroom at the end of the class period.
- is to wait for an authorized pick-up person in the classroom or designated sign-out area; list names other than parent below. Unless otherwise noted, persons listed above are considered authorized pick-up and emergency contact persons.

Emergency Contact / Pick-up Information: (Any changes during the school year need to be made in writing to the administrative office.)

Individuals authorized to pick up my child: Authorized pick-up persons may be asked to present a photo I.D. All individuals authorized to pick up must be at least 18 years of age. Parents wanting anyone under 18 years of age to pick up their child must select the independent departure option.

In addition to primary and secondary persons listed above, list emergency contact (REQUIRED). In an emergency, if no contact can be made to those listed here, police department will be notified.

Name (first & last)	Best Phone # During Program Hours / Complete Home Address	Relationship to Child	Emergency Contact	Authorized Pick-Up
1. _____	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Directions: Please indicate your choice of language class(es) and circle the rate that applies to you. Classes have limited enrollment, first-come, first-served. You will be notified of any wait-listed classes. **Early bird deadline is Friday, December 23. Regular registration deadline is Friday, January 13.** Programs will be cancelled if enrollment minimum is not met by Friday, January 13.

Please describe your child's language experience and ability level: _____

Class	Day	Time	AFTER SCHOOL Enrolled Rates		Non-Enrolled Rates	
			Early Bird	Regular	Early Bird	Regular
<input type="checkbox"/> Spanish	Tuesday (12 weeks)	3:22 - 4:22 p.m.	\$90	\$105	\$95	\$110
<input type="checkbox"/> French	Wednesday (12 weeks)	3:22 - 4:22 p.m.	\$90	\$105	\$95	\$110

I would like to make a donation to the World Language Scholarship Fund \$ _____

Mail registration forms and full payment to AFTER SCHOOL: 1201 McKenna Blvd., Madison, WI 53719.

AMT PD: _____	CHK #: _____	Date Received: ____/____/____	Date Confirmed: ____/____/____
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Child's Name: _____

Part II Health History

The health history is an annually updated record of your child's past and present health status. Please complete this form entirely.

Physician / Medical Facility Information:

Name of Physician

Name, Address, and Phone Number of Medical Facility

Special Health Information: *(Continue on separate sheet if needed.)*

1. Check any special medical condition that your child may have:

- No specific medical condition Asthma Diabetes Epilepsy / Seizure Disorder
- Gastrointestinal or feeding concerns including special diet and supplements Cerebral Palsy / Motor Disorder
- Cognitively Disabled, LD, ADD, ADHD, Autism, or other Emotional/Behavioral concerns – Specify:

- Food Allergies – Specify:

- Non-Food Allergies – Specify:

- Other condition(s) requiring special care – Specify:

2. Triggers or signs/symptoms to watch for and any special instructions – Specify:

Part III Please fill out enclosed enrollment information security form.

Part IV Agreement

PHOTO RELEASE

I grant Wisconsin Youth Company (WYC) permission to publish my child's image in its newsletters, brochures, displays or other printed material and on its websites for purposes of promoting the programs. I understand that children's names are not used when their images are displayed on our website or in widely distributed print materials. I understand that if I request, in writing, removal of my child's image from WYC's websites, his/her image will be removed no later than 15 days from receipt of my request. Also, I release WYC, its employees, officers, directors and successors from any liability or claim related to the publication or disclosure for which I have hereby granted permission. I understand that the consent I grant here is completely voluntary.

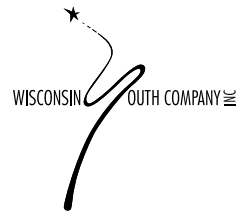
- Yes, I accept the photo release. No, I do not accept the photo release.

 Parent/Guardian Signature: _____ Date: _____

1. I understand I must notify the AFTER SCHOOL attendance message center, 276-9898, in the event my child will not attend a scheduled day.
2. I understand if my child has special needs, I have so indicated on the health history section above.
3. I give my consent for AFTER SCHOOL to act on my behalf to obtain emergency care and treatment if deemed necessary for my child.
4. I understand that if my child's participation in the program requires more than reasonable accommodations, whether due to special needs or behavior, my child may be removed from the program.
5. I understand full payment is due with registration.
6. I understand I do not receive adjustment in fees for school closures or days missed. Every attempt will be made to make up missed classes.
7. I understand that no refunds or credit will be given on or after the start of class.
8. I understand a \$30.00 charge is assessed for each Non-Sufficient-Funds (NSF) check or declined credit card transaction.
9. I understand for each fifteen (15) minutes, or portion thereof, my child stays past the end of class, I will be assessed a \$10.00 late pick-up fee.
10. I authorize the departure of my child from the world language program as indicated in part I of this registration.
11. I acknowledge that I have carefully reviewed and accurately completed parts I, II, III and IV of this registration.

 _____ Date  _____ Date
Signature of Parent / Guardian (Account Holder) Signature of Parent / Guardian (Account Holder)

ENROLLMENT INFORMATION SECURITY FORM (REQUIRED FOR EVERY PROGRAM REGISTRATION)



Child's Name _____

The security of your enrollment information is important and we've taken steps to help keep it secure. When enrolling your child, you are required to create a unique password and answer at least one security question listed below. This verification is REQUIRED whenever you or someone you authorize calls or email us for information regarding your information (i.e. balance due, pick-up persons) and whenever account holders submit written requests and information updates so that we can protect your privacy and only give the information out to you or the person you designate. We can ONLY provide enrollment information when the correct PASSWORD and/or SECURITY ANSWER are provided by an authorized user. Enrollment information is not currently accessible on-line. You may only request information about your account by email or phone.

You may choose to keep your same password from previous Wisconsin Youth Company programs; however, you must confirm the password below.

ACCOUNT ACCESS PASSWORD - REQUIRED

Please give us a password and the answer to at least one of the security questions listed below.

Account Access Password _____ (Maximum: 6 characters)

Security Questions (Please answer at least one of the following.):

1. What street did you live on during high school? _____
2. Who was your childhood hero? _____
3. What is your Grandmother's maiden name? _____

ACCOUNT CONFIDENTIALITY - OPTIONAL

In order to protect your privacy, we are unable to provide information to anyone other than an account holder or authorized user. An account holder is anyone who has signed the registration agreement. Account holders are liable for the account, are able to request information, and are able make changes to the account. Authorized users are individuals authorized by the account holder to access information only. **As the account holder, you may authorize other individuals (e.g. a spouse and/or other parent) by listing their name(s) below.**

I authorize the following person(s) to be an **authorized user**, allowing him/her to access information on the account:

I authorize the following person(s) to become an **account holder**, allowing him/her to make changes to account information: **(Please note that this person must sign the registration agreement before he/she is officially considered an account holder.)**

Account Holder Name: _____



Signature: _____ Date: _____
(Account Holder)