



Salta! Jump into Spanish®
 Classes held @St Marks Episcopal Church
 140 South Finley Ave
 Basking Ridge NJ 07920
 Mailing Address: POB 129
 Basking Ridge, NJ 07920
 908 696 1120

REGISTRATION FORM: **4 – 5 YRS** **6 – 8 YRS** **9 – 11 YRS**

1st Child's Name: _____ Birth date: _____

2nd Child's Name: _____ Birth date: _____

Parent's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Please check mark the weeks in which your child will attend:

- **Week 1 and 2 (6/13 – 6/24)** ___ Mon, Wed, Fri ___ Tues & Thurs. ___ M/T/W/T/F
- **Week 3 and 4 (6/27 – 7/08)** ___ Mon, Wed, Fri ___ Tues & Thurs ___ M/T/W/T/F
- **Week 5 and 6 (7/11 – 7/22)** ___ Mon, Wed, Fri ___ Tues & Thurs. ___ M/T/W/T/F
- **Week 7 and 8 (7/25 – 8/5)** ___ Mon, Wed, Fri ___ Tues & Thurs. ___ M/T/W/T/F

Program Waiver – I have applied for enrollment of my child at Salta! Jump into Spanish. I have made the school aware of any health concerns, behavioral issues and other pertinent issues that pertain to my child's education. I release all owners, administrators, instructors or participants of any claims, actions or suits which could result from accidents or injuries while enrolled in Summer Camp at Salta! Jump into Spanish. I understand that Salta! Jump into Spanish reserves the right to cancel this contract at any time with a prorated refund.

Parent/Guardian signature _____ Date: _____

I'd like to pay by:

Check Visa MasterCard American Express

Name of Cardholder _____ _____

Cardholder Signature _____

Card # _____

Exp. Date _____ CVV Code _____

Mon, Wed, Fri.	\$ 190.00 weekly
Tues, Thurs.	\$ 130.00 weekly
Mon. thru Fri.	\$ 290.00 weekly
Transaction Amount:	\$ _____
Registration for new enrollments (\$25.00)	
Total:	\$ _____

Will you need before Care? Yes or No

Will you need after care? Yes or No

Please review policies on the back of this form and sign. Thank you!