

SCHEDULE & REGISTRATION/2009

3-week Summer Program

Class Schedule:

Location:

Ages:

Tuition:

EARLY BIRD SPECIAL

Enroll by May 15th:

Program Dates:



SESAME ESPAÑOL

**Should you have any questions, contact us at
or visit us at**

Berlitz Kids Enrollment Form

Student's Name: _____ Birthday: _____

Parent's Name: _____ Language of Study: _____

Preferred Location: _____

Phone Number: _____ Emergency Phone Number: _____

My child will be picked up after class by: _____
(Please fill in person's name)

Please be aware that my child has the following medical condition: _____

(Parent/Guardian signature)

Enclosed is my check for \$ _____ payable to Berlitz Language Center. This fee is refundable only if the program is cancelled. (I recognize if the minimum enrollment is not met, my check will be returned.)

Cardholder Name: _____

Credit Card Number: _____ Expiration Date: _____

*Course Minimum Size: _____ – Please return this form and your check to: