

# 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: