Realizing Innovative Student Enrichment

Spanish Enrichment Program

Enrollment for the Spanish class is now open. You may enroll for one or all sessions.

Please return this form with payment in an envelope marked "Spanish Program" to the Opstad front office

Class Description: This introductory Spanish conversation course is for students from 2nd to 5th grade and will be conducted in both Spanish and English, with a high emphasis on comprehension and helping students feel comfortable and confident with the Spanish language. Every class will include the following: Presentations, weather, day of the week, new material presented w/ props and charts, work sheets (optional,) practice reading/writing, game or group activity. Children will create a passport and learn about the culture, music, food, vocabulary, holidays and some of the unique animals found in the countries covered. Class size is a minimum of 6 students and all levels are welcome. Students will learn new vocabulary in each term's course, with review and repetition throughout the year.

Classes will be held on Tuesday and Thursdays from 8:00 to 8:50 a.m. All materials are included in the registration fee. Students must be available for both days to enroll. Some scholarships are available. If you would like more information about scholarships, please contact Opstad's counselor, Steve Bates at 831-8319.

-1- Spanish/Fall

Session runs from October 7 – December 16 (9 -week session)

Dates: **Oct** - 7, 9, 14, 16, 21, 23, 28, 30 / **Nov** - 4, 6, 13, 18, 20 / **Dec** - 2, 4, 9, 11, 16
$126 payable to OPSTAD PTA ($7 per class) by September 29, 2008
We will be covering: Greetings, Numbers 1-100, Colors and Time. We will study Uruguay and Brazil and if we have time Spain.

-2- Spanish/Winter

Session runs from January 12 – March 25, 11-week session.

Dates: **Jan** - 13, 15, 20, 22, 27, 29 / **Feb** - 3, 5, 10, 12, 24, 26 / **March** - 3, 5, 10, 12, 17, 19, 24, 26, 31 / **April** – 2
$154 payable to OPSTAD PTA ($7 per class) by December 15, 2008
We will be covering: In the Classroom, the Body, and Verbs: To Have, To Be and To Be Called and the Calendar. We will also be reviewing Colors, Greetings and Numbers from 1-100. We will study Columbia and Mexico, and if we have time Puerto Rico.

-3- Spanish/Spring*

Session runs from April 13 – June 5, 8-week session.

Dates: **April** - 14, 16, 21, 23, 28, 30 / **May** - 5, 7, 12, 14, 19, 21, 26, 28 / **June** - 2, 4
$112 payable to OPSTAD PTA ($7 per class) by March 30, 2009
We will be covering: In the My Family, Food, Animals, and Transportation. We will also be reviewing Colors, Greetings and Numbers from 1-100. We will study Guatemala and Brazil, and if we have time Cuba.

To enroll your child, please complete this registration form. Please return the form with payment (checks payable to OPSTAD PTA) for the total tuition amount. Forms and payment may be brought to the office (please DATE your envelope and write "Spanish Program" on the outside).

You do not need to commit to all 3 quarters at this time, but future entrance into a class is based on space available. There is a maximum number of students and your child may not be able to participate if we reach capacity. We appreciate your payment for the entire year now, but the official due date for the FALL term is September 29th and all envelopes must clearly state the date of your registration submission. The due date for the WINTER term is December 15th and the SPRING term due date is March 30th. If you have any questions about this program, please don't hesitate to call the Opstad PTA at opstadpta@yahoo.com or 831-8313.

2008 Before School Spanish Program

Student 1 Name _____ Grade/Teacher _____

Parent/Guardian Name _____

Home Address _____

Phone (H) _____ Phone (W) _____ Email _____

_____ ***My child has a food allergy/health concern, please contact me.***

AFTERNOON CLASS: ❑ -1- Spanish /**FALL**
AFTERNOON CLASS: ❑ -2- Spanish /**WINTER**
AFTERNOON CLASS: ❑ -3- Spanish /**SPRING**

Student 2 Name _____ Grade/Teacher _____

Parent/Guardian Name _____

Home Address _____

Phone (H) _____ Phone (W) _____ Email _____

_____ ***My child has a food allergy/health concern, please contact me.***

AFTERNOON CLASS: ❑ -1- Spanish /**FALL**
AFTERNOON CLASS: ❑ -2- Spanish /**WINTER**
AFTERNOON CLASS: ❑ -3- Spanish /**SPRING**

Please return this form by September 29, 2008 for FALL Registration

- **I understand that I must provide transportation to class**.
- Students will be expected to attend all classes, participate in each activity and be responsible for their conduct and behavior. The teacher reserves the right to dismiss any student for failure to comply with these expectations. If a child needs to be removed two times from class, the student will not return for the remainder of the session and NO REFUND to the parent will be made.
- Registration checks will be deposited by the first day of class. A $25 fee will be charged for any NSF checks.
- I agree to hold harmless the School District, their elected and appointed officials, school employees, and their staff, RISE instructors. PTA members, school agents and staff from any and all claims, liabilities, damages, expenses, or rights of action, directly or indirectly attributable to the student's activities.

Parent Signature _____ **Date** _____

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