

SPANISH SUMMER CAMP WITH MRS. GABY

Exposing your child to a second language while young allows them to optimize their learning potential, helping to shape the brain at its most flexible stage. Young children are uniquely suited to learning a second language.

Learning a second language at an early age is cognitively as easy as learning a first language!

We will have fun learning basic Spanish like numbers, days of the week, months, shapes and colors as learning new vocabulary each day. Playing, singing, listening to fun stories, exploring with art and games, creating a rich learning environment all in Spanish!

SESSION 1 – DINOSAUR FUN



June 19, 20, 21, 26, 27, 28

4 - 7 year old

1:00 - 3:00 pm



SESSION 2 – WILD WEST



July 24, 25, 26, 31, Aug 1, 2

4-7 year old

1:00 – 3:00 pm



- Summer tuition rate per session \$180
- Registration, supplies and snack included
- Camp will be held in the Spanish Classroom
- Because this is a separate camp from DKH Academy, I can't charge the credit card on file. (cash or checks only)

SPACE IS LIMITED

SPANISH SUMMER CAMP 2018 REGISTRATION

AGES 4 - 7

STUDENT'S NAME: _____ MALE _____ FEMALE _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____ AGE: _____

MOTHER'S NAME: _____ PHONE: _____

FATHER'S NAME: _____ PHONE: _____

EMERGENCY CONTACT NAME: _____ PH: _____

(IF PARENTS NOT AVAILABLE)

EMAIL ADDRESS _____ @ _____

CANCELLATION POLICY:

Registration may be cancelled two weeks prior to start dates for a refund of tuition **minus a \$75.00 cancellation fee**. No refunds will be given with less than two weeks of notice. (In case of an emergency, exceptions may be made.)

HEALTH INFORMATION:

Physician: _____ Phone: _____

Current health issues or concerns (such as food allergies):

I give permission for Gabriela Cárdenas's assumption of parental privilege in all EMERGENCY medical and general health situations. I understand that Gabriela Cardenas and DKH Academy accept no responsibility for medical liability and neither party will be billed for any medical expenses incurred.

Signature of Parent or Guardian

Date