

Register online or mail in

Registration Form

Register by Sept. 30 for Spanish Class!



Foreign Language for Youth is offering Spanish classes to students in grades 1-6 **at Seaview Elementary** this year. Classes begin the week of **October 13** and continue **until spring** with 23 lessons following the school calendar. Tuition for the full session is \$349.00 for the first child and \$344.00 for each additional child in a family. Class meets:

SPANISH MONDAYS 2:40-3:50 PM

Ten students required to hold each class. Classes do not meet on half days or school closure days. All canceled classes will be made up at the end of the session. Parents come in and pick up their student after classes.

★ **The window of opportunity for learning a second language is before age 12.** ★



Register Now

www.foreignlanguageforyouth.org/seaview

OR

Fill out the bottom of this page and mail to:

PO Box 1673, Edmonds, WA 98020

Contact Us



Phone: (425) 420-2854

Fax: (425) 315-0920

Email: info@fl4y.org

Class Information:

10 students per class!

- Classes meet at **Seaview Elementary**.
- Small class sizes promote individual attention.
- Teacher is fluent and eager to share language and culture.
- Students learn through the natural approach of games, songs, skits, and physical response to fun commands.
- Simple dialogues are taught to engage students in thoughtful communicative activities.
- Parents are invited to attend two Student Presentation Days.
- Ask about our scholarships and discounts!

The Edmonds School District does not sponsor or endorse the activity and/or information contained in this material.

✂ **Cut along line and mail registration form with payment to above address by September 30.** Confirmation will be sent to you.

Student _____

Age ____ Grade ____ School _____

Teacher _____

Please sign me up for:

SPANISH MONDAYS 2:40-3:50 PM

Other language exposure _____

I would like to donate \$____ to the scholarship fund for a child in need and have included this in my payment. Yes ___ No ___

Tuition enclosed \$_____ (check or money order)

Visa or MC # _____ Exp Date _____

Parent/Guardian _____

Email _____

Phone # (Home) _____ (Work) _____ (Cell) _____

Address _____ City _____ Zip _____