

Register online or mail in

Registration Form

Sign up before September 28 for Spanish Class



Foreign Language for Youth is offering Spanish for students in grades 1-6 at **Seaview** this year. Classes begin **October 15** and continue until **spring** following the school calendar. Tuition for the full session is \$294.00 (\$7.35 per lesson) for the first child in a family and \$289.00 for each additional child. Classes meet:

SPANISH

MONDAY AND WEDNESDAY

2:35-3:15 PM

Classes meet at Seaview. Parents need to come in and pick up their student after class.
Ten students required to hold 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.

- ♦ Teacher is fluent and eager to share language and culture.
- ♦ Class size is small, allowing for individual attention.
- ♦ Students learn through the natural approach where they play games, sing songs, and physically respond to fun commands.
- ♦ Simple dialogues are taught to engage students in thoughtful communicative activities.
- ♦ Partner work, problem solving, and active learning accommodate for different learning styles and short attention spans.
- ♦ Parents are invited to attend two *Student Presentation Days*.
- ♦ Ask about our scholarships.



The window of opportunity for learning a 2nd language is before age 12

To register your child for a class, please go online to www.foreignlanguageforyouth and click "register" **or** fill out the bottom of this page and mail to PO Box 1673, Edmonds, WA 98020. Refund Policy: 100% if requested 2 weeks before class begins and 50% if requested by the end of the first week. Due to small class size, no refunds thereafter. If you have any questions, please contact:



Ph (360) 779-5269 Fax (360) 779-5718

Email: info@fl4y.org

PO Box 1673, Edmonds, WA 98020



REGISTER ONLINE at

[https://](https://www.foreignlanguageforyouth.org/seaview)

www.foreignlanguageforyouth.org/seaview



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 28**.* Confirmation will be sent to you.

Student _____

Age ____ Grade ____ School _____

Teacher _____

Please sign me up for:

SPANISH M/W 2:35-3:15 PM

At Seaview

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 _____