



# Parents for Spanish Language Association (PSLA)

Teaching Spanish to the community of Metro Vancouver since 2010

3376 Scotch Pine Ave.  
Coquitlam, BC, V3E 0C4  
e-mail: info.parents4spanish@gmail.com  
[www.parents4spanish.ca](http://www.parents4spanish.ca) (coming soon!)

## Registration Form

Fall/Winter/Spring, 2015-16

~ REGISTRATION OPEN NOW! ~

Please contact our Coordinator, Ana Martín at: info.parents4spanish@gmail.com

Name: \_\_\_\_\_  
*First Name      Last name      DOB (mm/dd/yyyy)      Grade      \*Class selection*

Name: \_\_\_\_\_  
*First Name      Last name      DOB (mm/dd/yyyy)      Grade      \*Class selection*

Name: \_\_\_\_\_  
*First Name      Last name      DOB (mm/dd/yyyy)      Grade      \*Class selection*

\* Classes and placement are subject to change. Placement is subject to coordinator assessment.

Address: \_\_\_\_\_  
*Street, and number, Apt.#      City      Province      Postal Code*

Other language(s) spoken (please specify): \_\_\_\_\_

Has the applicant been enrolled in Spanish classes before? Yes / No

If yes, for how long? \_\_\_\_\_

Comments: \_\_\_\_\_

Primary Contact person: \_\_\_\_\_  
*Name      Relationship with student      contact tel      e-mail*

Emergency contact: \_\_\_\_\_  
*Name      Relationship with student      contact tel      e-mail*

Health information (allergies, etc) \_\_\_\_\_

How did you hear about us? \_\_\_\_\_



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**Payment Information**  
Fall/Winter/Spring, 2015-16

Please contact our Coordinator Ana Martín at: [info.parents4spanish@gmail.com](mailto:info.parents4spanish@gmail.com)

**Annual registration fee per family:** **\$20 early bird** (from June 1<sup>st</sup> to Aug.31<sup>st</sup>) Or  
(non-refundable). \$25 from Sept. 1<sup>st</sup>, 2015

### Programs costs:

**All School supplies and/or text books included!**

**Option 1** - Per year - \$360 (**save \$15!**)  
(3 sessions, 10 classes per session)

**Option 2** – Per session  
10 classes = \$125 per session

Third family member costs:  
Per year: \$330 (**save \$45**)  
Per session: \$110 (**save \$15**)

### Refund Policy:

Annual registration fees are non-refundable.  
Full refund of tuition is available within the first 2 weeks of classes, after which a credit will be issued towards future classes

**All payments are required before classes start.** Thank you for your co-operation

### Payment methods:

Please send **3 post-dated** cheques payable to:

Cash  Cheque

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➤ **Applicants of Spanish descent** may qualify for a bursary, please contact the SEBC (*Spanish Society of BC*, [www.sociedadespanolabc.ca](http://www.sociedadespanolabc.ca)) to learn more.



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*Proud to teach Spanish to people of all ages and backgrounds*

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**Waiver**  
Fall/Winter/Spring, 2015-16

### **Waiver, Release and indemnity Agreement**

The undersigned, and on my own behalf and as parent(s) or legal guardian(s) of the children here noted, hereby release from any and all liability and agree to indemnify and save harmless the Parents For Spanish Language Association, its directors, coordinator and teachers from any and all claims, demands, losses, costs or damages whether arising from negligence or otherwise, arising from my and my children's participation in any activity of or relating to the School, including without limitation in the teaching and use of the facilities utilized by the Association.

I hereby acknowledge that I have carefully read the above Waiver, Release and Indemnity and I understand that it is a full and final release of all claims which I or my children might have relating in any way to the activities of the School and or participation in such activities, and on my children and on my own behalf, I sign voluntarily I authorize the PARENTS FOR SPANISH LANGUAGE ASSOCIATION (PSLA) to use the image of my child for promotional purposes including but not limited to print, website, and social media.

INITIAL HERE: \_\_\_\_\_

**I understand all unpaid fees are my responsibility. Amounts owing after thirty days are subject to interest of 1% per month.**

INITIAL HERE: \_\_\_\_\_

**Student's name:** \_\_\_\_\_

**Parent's name or Legal Guardian:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date: Vancouver, \_\_\_\_\_, of \_\_\_\_\_, 20\_\_\_\_\_**

*All classes are held at 3250 Commercial Dr. (Croatian Cultural Ctr) Vancouver, B.C., V5N 4E4.CAN.*