

# FOREIGN LANGUAGE PROGRAM

## WHEN

Every Wednesday morning

**8:05am – 8:50am**

**From 10/23/19 to 04/01/20**

**no class on 11/27, 12/18,12/25, 1/1**

## WHERE

**Newtown Elementary School**

## COST

**\$200.00 (includes materials)**

**CLASSES ARE HELD ONCE A WEEK FOR 45 MINUTES AT NEWTOWN ELEMENTARY SCHOOL. THE PROGRAM GOAL IS TO INTRODUCE THE LANGUAGES IN A SIMPLE FORMAT. LANGUAGE INSTRUCTORS WILL TEACH THE CHILDREN HOW TO SPEAK AND UNDERSTAND THE NEW LANGUAGE USING GAMES, SONGS, AND ACTIVITIES. THE STUDENTS WILL LEARN THE NEW LANGUAGE VIA VERBAL REPETITION. STUDENTS WILL RECEIVE A WORKBOOK AND A CD TO USE FOR PRACTICE AT HOME. YOU WILL RECEIVE A WELCOME EMAIL PRIOR TO START DATE.**

## LANGUAGE LEVEL

### Spanish K:

Beginning students grades K and 1

### Spanish 1:

Beginning students grades 2 through 6, and continuing students from Spanish-K

### Spanish 2:

Continuing students from Spanish-1

### French 1:

Beginning students grades 1 through 6

### French 2:

Continuing students from French-1

## **Registration**

## **Deadline**

**Oct. 07, 2019**

**Late registration** will be accepted with **\$15.00 late fee** on a space available basis. If a course is full or cancelled, your check will be returned to you.

***Refund Policy:*** Refunds ***cannot*** be made after the *first week of class.*

***For additional information about the program and to register please contact:***  
***PTO Newtown Elementary***  
***Or Hilda Diekman***  
**[dhilda7@gmail.com](mailto:dhilda7@gmail.com)**

# FOREIGN LANGUAGE PROGRAM

## NEWTOWN ELEMENTARY SCHOOL

### SPANISH- FRENCH

- Classes meet **once a week** for 45 minutes in our school.
- Classes meet Wednesday morning from 8:05am to 8:50am.
- 20-week program from 10/23/19 to 04/01/20
- Course can be cancelled depending on enrollment
- Program cost \$200 (INCLUDES MATERIALS)

Please fill out the registration form below and return it along with payment to the school office in an envelope addressed to: PTO Foreign Language Program.

Enclose a check in the amount of **\$200 payable to: Hilda Diekman**

If check is returned by the bank, all the charges will be the responsibility of the issuer of the check.

Parent Name: \_\_\_\_\_

**Student Name:** \_\_\_\_\_

Grade/Teacher: \_\_\_\_\_

Language/Level: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Cell \_\_\_\_\_

**Parent E-mail:** Please write clearly your email address

Emergency Contact & Phone: \_\_\_\_\_

**Allergies or concerns** \_\_\_\_\_

If your child attend **Champion** please mark here \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

