



World Language Institute, Inc
After School Language Programs Pk-12

- ❖ Language Immersion/class
 - ✓ Spanish
- ❖ Homework assistance/tutoring
 - ✓ 30 minutes a day
- ❖ Arts and Crafts
- ❖ Literacy
 - ✓ Buddy reading
 - ✓ Story telling
 - ✓ Story writing
- ❖ Character development
- ❖ Active Play/Outdoor fun

The Afterschool program runs from school dismissal until 6:00 p.m. If you pick your child up after 6pm, there is a \$1 every minute you are late added to your bill.

Payment Options

(Please check line for your payment option)

1. Cash or check must be paid 1st of the month for the month. \$25.00 late fee will be applied if not paid by the 5th of the month, By the 10th of the month your child will not be able to attend if payment is still not received. _____
2. *Credit card account, we will take monthly dues out of your account the 1st of the month. _____

DAY CAMP

(Offered during school closings)

This is not included for in the prices you must register for this separate. Registration is first come first serve. 7:00 a.m – 6:00 p.m. (Information on website)

- ✓ Spanish
- ✓ Arts & crafts
- ✓ Enrichment activities
- ✓ Active play/outdoor fun
- ✓ Reading

*** NO REFUNDS WILL BE GIVEN ***

Tel: 678-242-8712 Email: asp@wlispeak.org

www.wlispeak.org

2009-2010

After School Language Programs PK-12 at 1340 Woodstock Road Roswell, GA 30075
(inside Christ United Methodist Church).

Registration Form

Parent/guardian name _____

Address: _____ City: _____ Zip _____

Cell & home phone: _____ / _____ Work Phone: _____

Email address: _____

Student(s) name: _____

Date of birth: _____ Age of student(s): _____ Grade: _____

School Attending: _____

Transportation from school: YES NO (Offered from Mountain Park, Garrison, Shallowford, Roswell North, and Sweet Apple elementary)

These rates are monthly: **(Please check line for your registration option)**

_____ \$280.00 - Monday – Friday

_____ \$168.00 - 3 days a week

_____ \$112.00 – 2 days a week

When is your child starting our program? ____/____/2010

Alternative Emergency Contract Information & people authorized for pick up

Name: _____ Phone #'s: _____

Name: _____ Phone #'s: _____

Name: _____ Phone #'s: _____

Name: _____ Phone #'s: _____

Child's allergies: _____

Other information: _____

World Language Institute, Inc may photograph my child: YES NO (Pictures may appear in our website)

*If paying with credit card:

I (we) hereby authorize WLI to make recurring charges to my Credit Card listed below. This authorization will remain in effect until May of 2010

Name of card holder: _____ Type: Visa Mastercard Discovery

Credit Card number: _____ Exp date: _____ CVC: _____

All fees are non-refundable once accepted into the program. By registering your child you agree with our guidelines posted at

www.wlispeak.org Please mail your registration form with payment to: (Make check payable to WLI)

PO Box 2511 Roswell, GA 30077

Tel: 678-242-8712

Email: asp@wlispeak.org

Fax: 770-643-3795

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