ITALIAN LANGUAGE PROGRAM

REGISTRATION FORM

CHILDREN 5 TO 13 YEARS OF AGE

_____
Last name First M. initial

M **F** . D.o.b._____
Mo. Day Year

Place of birth_____

_____
Home Address

_____
City State Zip

_____
Home Phone Father's Business Phone

_____
Mother's Business Phone

E-mail address_____

ARE PARENTS MEMBERS OF THE ITALIAN CULTURAL SOCIETY?

Yes ____ No ____ Joining now _____

In case of an accident the school and/or the teacher will contact the parents. If we cannot reach either of them at any of the above phone nos., we are authorized to make whatever arrangements are necessary after contacting the family physician listed below

Dr._____

Phone:_____

Please circle the grade to which your child belongs:

Kindergarten

Elementary Grade: First Second Third

Fourth Fifth

Middle School Grade: Sixth Seventh Eighth

Location: Virginia_____ **Tuesday**_____

Maryland_____ **Thursday**_____

Please circle the ITALIAN CLASS your child belongs to:

Beginner 1 **Beginner 2**

I understand that students at the Italian Language Programs of the I.C.S. are registered for the entire session (60 hours) and that tuition must be paid in advance, and that it is NOT REFUNDABLE after the first lesson.

Please enclose your check payable to Italian Language Program and mail it to:

ITALIAN LANGUAGE PROGRAM
4848 BATTERY LANE, SUITE 100
BETHESDA, MD 20814

WE DO NOT ACCEPT CREDIT CARDS

_____
Registration Date

_____
Parent Signature

For office use only

Paid for: Tuition $_____**Books**_____

Cassettes _____ **Membership Fee**_____