

# A.C.E. WORLD LANGUAGE PROGRAM

Associates in Cultural Exchange (A.C.E.) Children's Program, a non-profit 501 (c) 3 organization, would like to offer FOREIGN LANGUAGE classes at your school this year. We have been developing an expanded curriculum. For more advanced students, we are shifting to a greater reliance on target language specific instructional materials.  
LANGUAGE: SPANISH



**When?** Beginning **Jan 13**, each "late-start" Wednesday from 9:10-9:50am.  
**How many kids?** A minimum of 10 children is required to hold a class. If there are less than 10 students, the number of classes is reduced. Class size is limited to 15 students.  
**Who teaches?** A.C.E. provides qualified teachers who are fluent speakers and are trained in the Natural Approach and Total Physical Response (TPR) methods of teaching. [www.cultural.org](http://www.cultural.org)  
**What is the cost?** 10 lessons session is \$99.00 per student. (Less than \$10.00 per class)  
 Contact Marita at: 265-6356 or Katrina at: 238-3691.  
 Please detach this bottom portion and return it to your parent coordinator, the main office at your school or Send to Marita Paly 69-A Raft Island Drive, Gig Harbor WA 98335. **Registration deadline is January 6, 2010.**

**IMPORTANT:** The PSD assumes no responsibility for conduct or safety during the activity/event and does not sponsor/endorse the activity and /or information contained in this flyer. In consideration for the privilege to distribute these materials the PSD shall be held harmless from any cause of action, claim or petition filed in any court of administrative tribunal, arising out of distribution includi costs.

## SUPPLEMENTARY PROGRAM REGISTRATION FORM

New Student \_\_\_\_\_ Returning Student \_\_\_\_\_  
 School: \_\_\_\_\_  
 Language: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_  
 Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: Day \_\_\_\_\_ Eve \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_  
 Emergency Number: \_\_\_\_\_  
 Special Needs ? Explain: \_\_\_\_\_

Ethnic Origin - check one if you wish:  
 American/Alaskan Indian \_\_\_\_\_  
 Asian/Pacific Islander \_\_\_\_\_  
 African American \_\_\_\_\_  
 Other \_\_\_\_\_  
 Caucasian \_\_\_\_\_  
 Hispanic \_\_\_\_\_

Does A.C.E. have permission to photograph your child?  
 Y \_\_\_\_\_ N \_\_\_\_\_  
 Amount of Payment Enclosed: \$ \_\_\_\_\_  
 Check Money Order Visa MC  
 Visa/MC #: \_\_\_\_\_  
 Visa/ MC Exp. Date: \_\_\_\_\_  
 Parent/Guardian Signature \_\_\_\_\_  
 \_\_\_\_\_  
 Name: \_\_\_\_\_ Date \_\_\_\_\_  
 (As it appears on the credit card)

Please make check or money order payable to:  
 A.C.E. World Language Programs  
 Give payment & registration to your Parent  
 Coordinator or your School main office or mail it  
 to: M.Paly at 69A Raft Island Dr. Gig Harbor,  
 WA 98335.