



CHINESE, FRENCH & SPANISH CLASSES HELD IN THE HARVARD PUBLIC SCHOOLS

Introduce your child to a world language by enrolling them in the Global Child program! The program emphasizes listening and speaking skills with culture integrated into the language. Classes meet once a week for 50-minutes. All materials provided. **Children bring a "light" snack to each class.**

➤ **NEW students register for Beginning classes.**

➤ **If you took Global Child classes this year, register for Theme, Going Places.**

Code	Course Title	Grades	Day	Time	Dates
HV-HV-2A	Spanish, Beginning Lower	K-2	Wed	7:50-8:40	10/5 - 12/14/11
HV-HV-2B	Spanish, Beginning Lower	K-2	Mon	3:15-4:05	10/3 - 12/19/11
HV-HV-3	Spanish, Beginning Upper	3-5	Mon	7:50-8:40	10/3 - 12/12/11
HV-HV-6A	Spanish Theme, Going Places	2-5	Fri	7:50-8:40	9/30 - 12/16/11
HV-HV-6B	Spanish Theme, Going Places	2-5	Thur	3:15-4:05	10/6 - 12/15/11
HV-HV-14	French, Beginning Lower	ALL	Tue	7:50-8:40	10/4 - 12/6/11
HV-HV-30A	Chinese, Beginning Level One	K-2	Mon	7:50-8:40	10/3 - 12/12/11
HV-HV-30B	Chinese, Beginning Level One	3-5	Mon	3:15-4:05	10/3 - 12/19/11

Register by July 1st to reserve your spot!

Space is limited.

No classes: Columbus Day, Mon. Oct. 10; Teacher PD, Tue. Oct. 11; Veterans Day, Fri. Nov. 11; Thanksgiving, Wed.-Fri. Nov. 23 - 25.
Early Release Days: Mon. Nov. 21; Tue. Nov. 22. **AM classes are held. No PM classes on early release days.**

QUESTIONS? Contact Global Child, Director: Diana Hibner at 978-851-5337, dianagc@comcast.net

Please mail registration form and payment to: Global Child, P.O. Box 224, Canton, MA 02021. If paying by credit card, fax registration form to 1-781-562-0123 or register online at www.globalchild.com

Course Code and Title _____ **HARVARD**
 Your child's name _____ Grade, F11 _____
 Returning Global Child Student? (Y/N) _____ "Bridges" Student? (Y/N) _____ Food Allergies: _____
****PLEASE PRINT CLEARLY; YOU WILL BE CONTACTED VIA EMAIL PRIOR TO THE START OF CLASS.**
 Parent's name _____ E-mail _____
 Your phone number (Home) _____ (Work/Cell) _____
 Address: Street, Town, ZIP _____
 Name & number to call in case of emergency: _____

<input type="checkbox"/> \$180 for Fall semester (10 weeks)	<input type="checkbox"/> \$150 for sibling at discounted price (10 weeks)
<input type="checkbox"/> \$360 for Full Year (20 weeks)	<input type="checkbox"/> \$300 for sibling full year (20 weeks)
<input type="checkbox"/> **\$170 for "Bridges" discount (10 weeks)	

****You must be registered for "Bridges" during the same day and time as Global Child to receive this discount.**

Global Child fees are eligible for the Federal Income Tax Child Care Credit. Spring classes meet for 10 weeks beginning in February.

_____ I wish to pay by check - Make checks payable to Global Child Inc. \$25 service charge for any returned checks.
 _____ I wish to charge: MC Visa Disc - Account number _____
 Expiration date _____ Cardholder's name (print) _____ Billing Zip Code _____
 Card Holder's Signature _____ Security Code _____

PARENT/GUARDIAN PERMISSION

I hereby give permission for my child to participate in courses sponsored by Global Child Inc. and Harvard Community Education. I waive and release all rights for claims that I may have against Global Child Inc. and Harvard Community Education for damages or injuries to my child that may occur while participating in the Global Child program. I understand that reasonable safety precautions will be used during the classes. I am responsible for prompt pick-up and drop-off of my child. Global Child teachers are trained to work with groups of children. I understand that should my child have difficulty cooperating, the teacher will telephone me to ask me to talk with my child and clarify classroom expectations. If the problem continues and jeopardizes other children's learning, I understand that I may be asked to withdraw my child from the program with no refund. Prorated refund given after the first class of the semester. No refund after the second class. Global Child reserves the right to cancel the class if less than 9 children register; your money will be refunded.

Parent/Guardian Signature _____ Date _____

Harvard Community Education does not discriminate on the basis of race, national background, religion, gender, economic status, political party, age, handicap and other human differences in admission to, access to, treatment in or employment in its programs or activities. The following person has been designated to handle inquiries regarding the nondiscrimination policies: Pam DeGregorio, Director of Special Education, Harvard Public Schools, 978-456-4143.

Register by July 1st to guarantee your child's class!