

Dear Loomis Union School District parents,

Sombrero Time is proud to have been selected by the Loomis Union School District as preferred provider for Spanish language instruction. In alignment with the districts vision to develop high quality second language education Sombrero Time will be offering Before/After school Spanish again for the 2011/12 school year.

Classes will be provided at LUSD elementary schools starting this fall. Similar to this past year we will continue providing instruction following our immersive, no English spoken, model. Our trained, native speaking instructors will be available Monday-Thursday delivering instruction for 45 minutes at each session. Spanish class will follow the LUSD calendar starting on September 1, 2011 - May 31, 2012.

**Here are some changes to note for next year:**

- Student Participation - It is our full intention to offer classes before school at all elementary campuses (after school at Placer School) however, our ability to do so will be contingent upon student participation. Each class must have a minimum of 16 registered students at any given school before Sombrero Time will provide instruction services. School sites with lower than 16 students registered will receive instruction centrally before school at Loomis School. Depending on existing morning bus routes, Mid Placer will be available to transport students back to their home school at an additional expense. Please contact Mid Placer for details concerning transportation (530 823-4820). Additionally classes will be divided by 1<sup>st</sup>-4<sup>th</sup> and 5<sup>th</sup>-8<sup>th</sup> grades.
- Financial Commitment - In order to provide a continued and consistent language instruction experience Sombrero Time requires a 9 month school year financial commitment. Learning a second language is not something that happens in a few months and is a long term engagement. In order for any student to benefit from immersive language instruction they must engage frequently and consistently. Therefore, billing will take place monthly starting September 2011 through May 2012. If you choose to withdraw from the program you will still be held financially accountable through May 2012. Withdrawal from the program will be considered only for extenuating circumstances. Requests to withdraw must be made in writing 30 days before requested exit date.
- Administration - Sombrero Time will run and administer the program going forward. This means all communication regarding program inquiries, scheduling, logistics, payment and program information will be disseminated directly from Sombrero Time. The LUSD will no longer handle the administration responsibility.
- Cost - The cost for Spanish classes will go up slightly from \$80 per student per month to \$99 per student per month. LUSD is no longer subsidizing Spanish which drives the cost up slightly. Multi-Student family discounts will be available as well next year.
- Registration - Registration will stay open until September 1, 2011. Register your students by July 1, 2011 and receive free Registration. The Registration fee is \$50 per student after July 1, 2011. Registration fees will be refunded if your student's class does not meet the 16 student minimum. Registration forms can be downloaded from our website:

<http://sombrotime.com/registration>

Class times and locations will be announced after registration is completed. Please contact us directly should you have any questions about Sombrero Time Spanish.

Sincerely,

David & Ruth Finsthwait



2011-2012 Registration Form
LUSD Before/After School Spanish

Fall registration for Sombbrero Time is now open. Fall 2011 classes will run from September 1- May 31, 2012, Monday-Thursday following the LUSD calendar. Please complete all forms and include a nonrefundable check for registration. The registration fee is \$50 per student. Tuition is \$99 per month. A \$19 family discount is available for each additional student. See the tuition payment form for payment options.

1st Student: \_\_\_\_\_ M or F: \_\_\_\_ DOB \_\_\_\_\_
School: \_\_\_\_\_ Grade Level Fall 2011: \_\_\_\_\_
2nd Student: \_\_\_\_\_ M or F: \_\_\_\_ DOB \_\_\_\_\_
School: \_\_\_\_\_ Grade Level Fall 2011: \_\_\_\_\_
Home Phone#: \_\_\_\_\_ Age: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_
Parent/Guardian \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_
Email Address \_\_\_\_\_
Parent/Guardian \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_
Email Address \_\_\_\_\_

Please initial one of the statements below to complete registration:

- I give Sombbrero Time permission to use any media taken during class for promotional purposes: \_\_\_\_\_ (initial).
-I decline to give Sombbrero Time permission to use any media taken during class for promotional purposes: \_\_\_\_\_ (initial).

Registration Check List

- Fall 2011 Registration Form
• Medical Release Form (one form per child)
• Fall 2011 Tuition Payment Form (one form per family)
• \$50 per student non refundable registration payment

## Tuition Payment Form

Sombbrero Time requires a 9 month school year financial commitment. This allows us to ensure continued and consistent language instruction to all students. Learning a language is not something that happens in a few months. Please consider your ability to commit before signing this contract. In order for any student to benefit from immersive language instruction they must engage frequently and consistently. Your financial commitment for the entire school year is required to participate. Billing will take place monthly starting September 2011 through May 2012. If you choose to withdraw from the program you will still be held financially accountable through May 2012. Withdrawal from the program will be considered only for extreme extenuating circumstances. Requests to withdraw must be made in writing 30 days before requested exit date.

Please complete the Automatic Credit or Debit Card billing section below and sign the form. All requested information is required. Upon approval, Sombbrero Time will automatically bill your credit or debit card for the amount indicated and your total charges will appear on your monthly statement. Sombbrero Time will cancel billing after your May 1, 2012 payment. Circle the applicable class and complete Credit Card information below:

Class	1 Student per Month	2 Students per Month
<b>Before School Spanish</b>	\$99	\$179
<b>After School Spanish</b>	\$99	\$179

Effective September 1, 2011 I, \_\_\_\_\_ authorize Sombbrero Time to bill the following account as indicated above. Tuition payments will be debited from the account indicated below on the first day of each month starting September 1, 2011 through May 1, 2012.

**Circle One: VISA MASTERCARD**

CARD NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

3 DIGIT SECURITY CODE: \_\_\_\_\_ CARDHOLDER NAME: \_\_\_\_\_

CARD BILLING ADDRESS: \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

## Tuition Payment Policy

- Tuition is due on the 1st of each month and is payable via Credit or Debit card only.
- All credit/debit card information is stored in an secured database for your protection. All hard copy payment forms are destroyed after data entry into the secured database.
- Tuition is considered delinquent on the 7th of the month, at which time a \$50 late fee will be applied to your account. If your credit card information changes please notify us immediately
- Tuition is amortized over the school year and is not reduced for vacation, sickness or absences.
- Annual registration fees are non-refundable and cover student workbooks & class room supplies.

## Medical Release Form

I, \_\_\_\_\_ hereby give consent to Sombrero Time to obtain all emergency medical or dental care prescribed by a duly licensed physician (M.D) or dentist (D.D.S.) for

\_\_\_\_\_. I also agree to pay all the costs and fees contingent on emergency medical care or treatment for this person as secured or authorized under this consent.

NOTE: Every effort will be made to notify the parents/ guardian, etc. in case of an emergency. In the event of an emergency please provide the following information:

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**FOOD ALLERGIES:** \_\_\_\_\_

**DRUG ALLERGIES:** \_\_\_\_\_

### **IN THE CASE A PARENT OR GUARDIAN IS UNAVAILABLE PLEASE PROVIDE AN EMERGENCY CONTACT:**

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_