



### Children's Class Registration Form

| Class Name | Start Date | Level (circle 1) |
|------------|------------|------------------|
|            |            | Beg    Adv       |
|            |            | Beg    Adv       |

| Child's Name | Male/Female?   | Age |
|--------------|----------------|-----|
|              | Male    Female |     |
|              | Male    Female |     |
|              | Male    Female |     |

Languages spoken at home: \_\_\_\_\_

Describe your child's experience in Spanish: \_\_\_\_\_

How did you hear about El Taller? \_\_\_\_\_

I have enclosed a check in the amount of \$ \_\_\_\_\_

(Please write the child's name on your check. You can also call the office and charge to your MasterCard/Visa) **Advanced registration with full payment is required to reserve your child's place**

**Parent's Information:**

|                   |  |             |  |
|-------------------|--|-------------|--|
| <b>Name:</b>      |  |             |  |
| <b>Address</b>    |  |             |  |
| <b>E-mail:</b>    |  |             |  |
| <b>Telephone:</b> |  | <b>Cell</b> |  |
| <b>Home</b>       |  |             |  |

**Emergency Contact (if different):**

|                              |  |             |  |
|------------------------------|--|-------------|--|
| <b>Name:</b>                 |  |             |  |
| <b>Relationship to child</b> |  |             |  |
| <b>Telephone:</b>            |  | <b>Cell</b> |  |
| <b>Home</b>                  |  |             |  |

Please mail this form with your check made out to **"The Latin American Workshop"** to:

Children's Workshops  
 The Latin American Workshop  
 P.O. Box 1261, Cathedral Station  
 New York, NY 10025-1261

**Please let us know if there is anything we should be aware of (such as allergies), on the back of this sheet.**