



KIDS LIKE LANGUAGES

Making foreign languages & culture fun for children
www.kidslikelanguages.com 503-658-1980
P.O.Box 33080, Portland, OR 97292



FOREIGN LANGUAGE CLASSES AT L'ETOILE FRENCH IMMERSION SCHOOL

Extra-curricular foreign language classes will be offered this year by Kids Like Languages.

CLASS OBJECTIVES Language classes introduce students to foreign languages, improve their language skills, develop an appreciation of other cultures, and begin to prepare students for the foreign language requirement at graduation. Our curriculum fulfills students' needs and responds to parents' requests.

EXPERIENCED INSTRUCTORS teach through drama, art, music, games, every-day children situations, and repetition. Most are native to the language and culture. Some are formally trained; all receive Kids Like Languages training. All have experience with groups of children. They keep it lively and fun.

CURRICULUM emphasizes conversation and occasional short homework assignments.

CLASS SIZE Minimum of 10 students, maximum of 20.

QUESTIONS? Visit us at www.kidslikelanguages.com. If you still have a question, call us at 503-658-1980.

DISCRIMINATION POLICY It is the policy of Kids Like Languages that in any of its activities there will be no discrimination based on race, color, religion, national origin, gender, age or disability.

REFUND POLICY Full refunds are made after the first class. Pro-rated refunds are made up to the third class. No refunds are made after the third class.

ENROLL BY Friday, September. 14.

YOUR ENROLLMENT WILL BE CONFIRMED BY SEPTEMBER 18.

THE SCHOOL HAS CHOSEN THE FOLLOWING CLASSES AND SCHEDULE

LANGUAGE CLASSE	GRADES	START	DAY	CLASS TIME	MINUTES	#CLASSES	CLASSROOM
SPANISH	CP-CM2	Sep. 20	THURSDAY	3:20-4:20 PM	60	10	TO BE DETERMINED

NO CLASS ON OCTOBER 25 & NOVEMBER 22, 2018 - LAST CLASS ON DECEMBER 6, 2018

ENROLLING IS SIMPLE AND QUICK

1. Return form to the L'Etoile French immersion School Office.



PARENT NAME		DAY OR CELL PHONE		E-MAIL	
PARENT NAME		DAY OR CELL PHONE		HOW WILL CHILD GO HOME/DAY CARE	
STREET			CITY		ZIP
STUDENT NAME		GRADE	LANGUAGE		HEALTH/BEHAVIOR CONCERNS
DATE OF BIRTH		DATE		SIGNATURE	