

Selected as a "Model Program" by the White House and the U.S. Department of Education!



## Spanish Academy – Language Program

For registration details, contact your STAR Site Director [canyon@starinc.org](mailto:canyon@starinc.org)

*Program integrates dance, cooking, sports, music, theater and more!*

**Sign up Today! Space is limited! Starting Date: 08/29/16 – Ending Date: 05/31/17**



**Interactive Methodology**



**Project-based Activities**

### CANYON STAR IMMERSION PROGRAM

**Days : Monday & Wednesday**

**Time: 1:45pm - 2:45pm (Kinder)**

**2:55pm - 3:55pm (1st-5th)**

**Registration open until: 09/30/2016**

**PRICE \$1290 (67 Classes)**

### **STAR LANGUAGE IMMERSION PROGRAM**

- Does not require prior knowledge of the language
- Designed for all elementary grades (K-5th grade)
- Accommodates all levels of ability: beginner, intermediate and advanced

### **PARENTS CAN STAY INVOLVED THROUGH**

- Orientations held in the beginning of sessions
- Evaluation reports
- Parent-teacher conferences (upon request)
- E-mails and hand-outs
- Class observations (upon request)

### **ABOUT OUR CLASSES AND TEACHERS**

- A comprehensive curricula, developed by STAR's Language Department, is applied in the classroom
- A unique, child-friendly progress report system is provided to help children understand their own progress of learning
- Games, songs, and project-based activities are provided to encourage confidence and motivation
- Pre and post-assessments are conducted to provide accurate placement of child
- Teachers monitor student progress on a weekly basis and provided to parents
- Teachers are native speakers of Spanish and experienced teachers and tutors
- Prepares children to live in and understand a multi-lingual, multi-cultural society

*Note: Mandatory 1 year commitment required.  
Classes run twice a week.*



**For information regarding classes contact the Language Department at  
[languageacademy@starinc.org](mailto:languageacademy@starinc.org) • 310-740-2054**

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# Super**STAR**califragilistic**PROMO**expialidocious

Starting Date: 08/29/16 - Ending Date: 05/31/17



## DISCOUNT & PAYMENTS

- Returning student receive 10% discount divided into 2 payments  
\$608.20 by 08/25/16 and \$558.00 by 09/30/16
- New student receive 10% discount in 1 full payment  
\$1166.00 by 08/25/16
- receive 5% discount divided into 2 payments  
\$639.00 by 08/25/16 and \$589.00 by 09/30/16
- Enrolling 2 or more students receive 10% discount divided into 3 payments  
08/25/16 - 09/30/16 - 10/28/16
- All students do 4 payments (No discount) due by  
\$360.00 - 08/25/16 / \$310.00 - 09/30/16  
\$310.00 - 10/28/16 / \$310.00 - 11/30/16

NOTE: Credit card information required to be charged automatically.

Discounts and payments can not be combined. No coupons accepted.







## SPANISH ACADEMY 2016 - 2017



**Group-Learning Activities**



**High-Quality Instructors**



**Stimulating Learning Projects**



**Interactive Methodology**



**Individualized Attention**



**Passionate Learning**

## CANYON ELEMENTARY SCHOOL Kinder to 5th grade

INFORMATION / REGISTRATION PACKET

**Classes start on August 29th, 2016 and end on  
May 31st, 2017**

*Selected as a "Model Educational Program" by the  
White House and the U.S. Department of Education*

### **THE STAR SPANISH PROGRAM**

- Does **not** require prior knowledge of the language
- Is designed for all elementary grades (K through 5 grade)
- Accommodates all levels of ability: beginner, intermediate and advanced

### **PARENTS CAN STAY INVOLVED THROUGH:**

- Evaluation reports twice per school year
- Parent-teacher conferences (upon request)
- E-mails and hand-outs
- Class observations (upon request and approval)

### **ABOUT OUR CLASSES AND TEACHERS**

- A comprehensive curricula, developed by STAR's Language Department, is applied in the classroom.
- Games, songs, and project-based activities are provided to encourage confidence and motivation.
- Pre and post-assessments
- Teachers are experienced native Spanish speakers
- Prepares children to live in and understand a multi-lingual, multi-cultural Society.

**Students will be placed in various classes according to language knowledge, grade and progress through the year**

**NOTE :** Please, fill out this application clearly and return pages 5 and 6 by e-mail at [language@starinc.org](mailto:language@starinc.org) or mail it at 10117 Jefferson Blvd, Culver City, 90232, att: Spanish Academy or give it to the STAR Site Director

S.T.A.R. Inc. ["STAR"] a 501(c)(3) non-profit organization  
LANGUAGE DEPARTMENT TUITION CONTRACT 2016-2017

**PAYMENT AND REGISTRATION**

**Packet must be submitted to reserve space.**

**Payment Option (Choose one)**

Session	Full Year Tuition	Day	Times
Kinder	\$1,290	MON & WED	1:45 – 2:45
1 <sup>ST</sup> to 2 <sup>ND</sup> Grades	\$1,290	MON & WED	2:55 – 3:45
3 <sup>rd</sup> to 5 <sup>th</sup> Grades	\$1,290	MON & WED	2:55 – 3:45

___ <b>Returning Student</b> , receive <b>10% discount</b> divided into <b>2 payments</b> due by	08/25//16	\$ 608.00
	09/30/16	\$ 558.00
___ <b>New Student</b> , receive <b>10% discount</b> doing <b>1 full payment</b> due by	08/25/16	\$1166.00
	09/30/16	\$ 639.00
	10/28/16	\$ 589.00
___ <b>If you are enrolling 2 students or more</b> , receive <b>10% discount</b> divided into <b>3 payments</b> due by	08/25/16	
	09/30/16	
	10/28/16	
___ <b>All students do 4 payment (No discount)</b> due by	08/25/16	\$ 360.00
	09/30/16	\$ 310.00
	10.28/16	\$310.00
	11/30/16	\$310.00

**"Discounts and payments can not be combined. No coupons accepted"**

**For any option, is required a valid credit card to be kept on file and be charged automatically or, postdated check totaling the full amount.**

**RETURNED CHECKS ARE SUBJECT TO A \$25 FEE**

**Payment Explanation** (INT) \_\_\_\_\_

For your convenience, the Academy program can be paid in one, two or more installments. The fee takes into consideration all school holidays, vacations and pupil free days. Payments are due according to the installment schedule chosen.

**Late Payment Procedure** (INT) \_\_\_\_\_

**If check payments are not received by the installment due date, STAR is hereby authorized to charge the credit card on file for the amount due.** Payments that are not processed within 5 working days are subject to a \$10 late fee per week. The site director and executive director must approve other payment arrangements. Our Finance and Collections Department will review all past due accounts and may contact you for payment. You agree to reimburse STAR for time expended and for any and all collection or legal costs incurred in collecting monies due. If we elect to terminate services for non-payment, our engagement will be completed upon our written notification to you. If tuition payments are more than 30 days late, your child's contract will be subject to termination. We will contact you by phone and/or email to let you know that your child will be sent to the school's office after school and will not be able to attend the program until all tuition and late fees are paid.

**SPLITTING TUITION** (INT) \_\_\_\_\_

**When tuition is a shared responsibility, the STAR Director and on-site staff members will not participate as liaisons between parties to communicate issues regarding their child and/or their child's tuition. It is the sole responsibility of the parents/guardians to work out their personal issues and communicate with one another.**

**HOLIDAYS, BREAKS, PUPIL FREE DAYS AND UNASSIGNED WORK DAYS** (INT) \_\_\_\_\_

**Camps may be available at this site or a site nearby for a discounted rate. Sites maybe close by School District mandate during Thanksgiving/winter/spring break.**



**STAR LANGUAGE ACADEMY CONTRACT 2016-2017**

STAR, Inc. is a charitable 501(c)(3) non-profit education organization serving kids, families, schools and communities

**CHILD'S NAME #1:** \_\_\_\_\_ **Permit:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Room:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Sex:** M\_\_\_\_ F\_\_\_\_

**CHILD'S NAME #2:** \_\_\_\_\_ **Permit:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Room:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Sex:** M\_\_\_\_ F\_\_\_\_

**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone#:** \_\_\_\_\_ **Home E-Mail Address:** \_\_\_\_\_

**Parent/Guardian1 Name:** \_\_\_\_\_ **Cell#:** \_\_\_\_\_

**Guardian 1 Employment:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Work Phone#:** \_\_\_\_\_ **Work E-Mail Address:** \_\_\_\_\_

**Parent/Guardian2 Name:** \_\_\_\_\_ **Cell#:** \_\_\_\_\_

**Guardian 2 Employment:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Work Phone#:** \_\_\_\_\_ **Work E-Mail Address:** \_\_\_\_\_

**Home Language:** \_\_\_\_\_ **STARTING DAY :** \_\_\_\_\_

**Please Indicate Ethnicity (Optional)**
☐ American Indian/Alaskan Native    ☐ Asian    ☐ Hispanic    ☐ Black (not of Hispanic origin)  
☐ White (not of Hispanic origin)    ☐ Filipino    ☐ Pacific Islander    ☐ Other \_\_\_\_\_

**EMERGENCIES**

In case of an emergency, STAR will make every effort to contact the guardians of the child involved before any treatment is begun. However, in the event we are unable to make contact with the parents or guardians, we require this medical release to be signed by all the participants in the program.

**I HEREBY AUTHORIZE THE PHYSICIAN OR HOSPITAL SELECTED BY THE STAR PROGRAM TO HOSPITALIZE, SECURE TREATMENT FOR, AND TO ORDER INJECTION, ANESTHESIA, OR SURGERY FOR MY CHILD.**
**Name of Insurance:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**Parent/Guardian's Name (Print):** \_\_\_\_\_

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Remember...**

- Complete and enclose your payment in addition to pages 5 and 6 by or before 08/26/16.
- Payment an Contract must be received simultaneously (If you choosing multiple payments, the corresponding number of checks must total the full amount based on the option chosen or Credit Card provided will be on file to do automatically charges)
- Once completed, turn it in by e-mail or mail to 10117 Jefferson Blvd, Culver City, 90232 att: Spanish Academy give it to you STAR Site Director.

**SPACE IS LIMITED**

**STAR LANGUAGE ACADEMY PAYMENT FORM 2016-2017**

STAR, Inc. is a charitable 501(c)(3) non-profit education organization serving kids, families, schools and communities

CHILD'S NAME 1: \_\_\_\_\_ GRADE: (Fall 2016) \_\_\_\_\_

CHILD'S NAME 2: \_\_\_\_\_ GRADE: (Fall 2016) \_\_\_\_\_

Credit Card, Check or money order only, no cash payment accepted

OPTION CHOSEN # \_\_\_\_\_

- Payment by Check**

Make check payable to STAR Inc. Returned checks subject to a \$25.00 fee.

Check 1 #: \_\_\_\_\_ Check Date: \_\_\_\_\_ \$ \_\_\_\_\_ Check 2 #: \_\_\_\_\_ Check Date: \_\_\_\_\_ \$ \_\_\_\_\_

Check 3 #: \_\_\_\_\_ Check Date: \_\_\_\_\_ \$ \_\_\_\_\_ Check 4 #: \_\_\_\_\_ Check Date: \_\_\_\_\_ \$ \_\_\_\_\_

- Payment by Credit Card**

Circle: **Mastercard** **Visa** Amount Paid: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Account #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

CVV # (3 digit number on back of card): \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**I hereby authorize STAR to charge my credit card for tuition according to the contract and payment plan**

Authorizing Signature: \_\_\_\_\_

**REFUND AND CANCELLATION POLICY**

**Registration fee is non refundable. Tuition is non refundable after the second day of class (no exception).** We hire the staff based on the number of students enrolled in the program, if you decide to cancel the program at any time of the session, after the date mentioned before, you are responsible for the full cost of the program. STAR requires a written notice to cancel your child's enrollment or you will be financially responsible for the remaining balance. (INT) \_\_\_\_\_

**I HAVE READ AND UNDERSTOOD ALL THE INFORMATION INCLUDED IN THIS CONTRACT AND BY SIGNING, I AGREE TO ADHERE TO THE TERMS OF THIS CONTRACT. IT IS FURTHER UNDERSTOOD THAT POLICIES AND TERMS OF THIS CONTRACT MAY BE CHANGED AND AMENDED, AND THAT I SHALL BE INFORMED IN WRITING OF SUCH CHANGES WITH A 30-DAY NOTICE. I HAVE RECEIVED A COPY OF THIS CONTRACT.**

Parent/Guardian Name (Print): \_\_\_\_\_

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

**SPONSOR A CHILD**

YES I want to be a STAR SCHOLARSHIP PARTNER. Please accept my donation of \$5/ \$10 / \$ \_\_\_\_\_ included in my installment plan. \*Your donation is tax deductible. S.T.A.R. Inc. is a 501(c)(3) non- profit organization.