



Registration Form

Make check payable to: Futura Language Professionals
Mail to: 1115 Parkview Street
Hartland, WI 53029

School Name: _____

Primary Parent(s) Name: _____

Child's Name: _____

M/F: ____ DOB: _____ Grade Level _____ Years of Spanish ____

Child's Name: _____

M/F: ____ DOB: _____ Grade Level _____ Years of Spanish ____

Contact Numbers: Home: _____ Cell/Work: _____

Email: (confirmations will be sent via email only) _____

Address: _____ City _____ Zip Code _____

Special Needs (developmental, behavioral/emotional, physical, sensory impaired): _____

Allergies: _____

◆ Does your child have any special accommodations in their daily classroom to assist with their learning?
(classroom aide, behavior management chart, etc). Please share any information with us to best prepare for our class.

◆ Is there anything you would like to share about your child's personality and/or learning style?
The more information you can provide the better for our teacher to create a positive learning environment.

◆ Photos and videos are taken in Futura classrooms for training and marketing purposes. Please initial if you wish to opt-out of these opportunities. *Initial _____

After Spanish my child: goes to school attends after-school program Is picked up by: _____

Optional Supplemental Materials:

'Spanish Club' Youth T-Shirt (\$16.99) (Indicate Size) YS _ YM _ YL _ AS _

NEW! Futura water bottle with cute festive Spanish images (\$6.50)

Total Due: _____ Check #: _____ Charge my: Visa MasterCard

Name on card: First: _____ M.I.: ____ Last: _____

Signature: _____

Card #: _____ - _____ - _____ - _____ Exp. Date: _____ Billing Zip Code: _____

For office use only: T-Shirt given on-site? Yes ____ No ____ (size ____)