

IN-HOUSE-SPANISH CLASS CONTRACT-GROUP INSTRUCTION (3-8 STUDENTS)

Student's Name: _____ DOB: _____ Age: _____

Parents' Name: _____ Ph: _____ Email: _____

Address: _____ Apt #: _____ City: _____ State: _____ Zip Code: _____

Type of Contract: **GROUP** *Class Contr./wks: _____ wks *Hrs/Contract: _____ hrs *Rate/Hr: **\$26.50**

Tuit. Plan: **A** Total Tuit: \$ _____ Regist. Fee: **\$35** () family disc:\$ _____ Total savings:\$ _____

Tuit. After disc: \$ _____ *Monthly Fee: \$ _____ Contract from: _____ to _____

Meeting Time/session: _____ Day: _____ Time: _____ Signature: _____

**First month: \$ _____ METHOD OF PAYMENT Date: _____

NOTE: CREDIT CARD INFORMATION MUST BE PROVIDED IF STUDENT IS UNDER INSTALLMENT PLAN

() Cash or () Check payable to PLI. Visa () MC () Discover () ***C.C. Administrative Fee: 2.5%: \$ _____

I authorize the PLI Director or Office Manager to use the following credit card information to process payment on between the 01st and the 05th day of each month to avoid a late penalty of \$25. *There will be a \$25 fee for bounced checks.

Cardholder's name: _____ Email: _____

Card number: _____ V. Code: _____ Expiration Date: _____

Signature: _____ Received by: _____ Thank you.

Address: _____ City: _____ Zip code: _____

CLASS SCHEDULE-2020 Total hours in 2020: _____ hrs

						MAKE UP

CLASS SCHEDULE-2020 Total hours in 2020: _____ hrs

						MAKE UP

TOTAL HOURS TAKEN: _____ hrs

PLI SPANISH FEE SCHEDULE FOR GROUP INSTRUCTION (At PLI)(3-8 students)

In-House Services (At our facility)

GROUP TUITION FEE PER STUDENT

Student's Name: _____ Age: _____ Level: _____

PLAN A: GROUP INSTRUCTION-1HR PER WEEK IF PAID ON A MONTHLY BASIS

NO. OF WEEKS	NO. OF MONTHS	HRS/WEEK	TOTAL HRS/CYCLE	REGULAR TUTION FEE/HR @26.50	MONTHLY 4hrs/month	DISCOUNT PAID IN ADVANCE	TUITION AFTER DISCOUNT	INITIAL YOUR CONTRACT
12	3	1	12	\$ 318	\$ 106	\$ 15	\$303	
24	6	1	24	\$ 636	\$ 106	\$ 36	\$600	
40	10	1	40	\$1,060	\$ 106	\$ 80	\$990	

Registration fee: **\$35** Monthly: _____ Full: _____

PLAN B: GROUP INSTRUCTION-2 HRS PER WEEK IF PAID ON A MONTHLY BASIS

NO. OF WEEKS	NO. OF MONTHS	HRS/WEEK	TOTAL HRS/CYCLE	REGULAR TUTION FEE/HR @26.50	MONTHLY 8hrs/month	DISCOUNT PAID IN ADVANCE	TUITION AFTER DISCOUNT	INITIAL YOUR CONTRACT
12	3	2	24	\$ 636	\$ 212	\$ 36	\$ 600	
24	6	2	48	\$1,272	\$ 212	\$108	\$1,164	
40	10	2	80	\$2,120	\$ 212	\$240	\$1,880	

Registration fee: **\$35** Monthly: _____ Full: _____



***MONTHLY-GROUP IMMERSION PROGRAM:**

4 WEEKS: (3 hrs. per week for 4 weeks=12 hrs/month)

Tuition Fee: \$335 *No contract needed

***BOOST WEEKEND-GROUP IMMERSION PROGRAM:**

2 days: (4 hrs. per day for 8 hrs/weekend)

Tuition Fee: \$235 *No contract needed

***Additional 5% discount for each family member**

METHOD OF PAYMENT:

***STUDENTS UNDER PAYMENT PLAN MUST PROVIDE CREDIT CARD INFORMATION IN ORDER TO BACK UP THE CONTRACT**

() Cash or () Check payable to PLI. Visa () MC () Discover ()

I authorize the PLI Director or Office Manager to use the following credit card information to process payment on between the 18th and the 25th day of each month **to avoid a late penalty of \$25. *There will be a \$25 fee for bounced checks.**

Cardholder's name: _____

Card number: _____ V. Code: _____ Expiration Date: _____

Address: _____ City: _____ Zip code: _____

Signature: _____ Received by: _____ Thank you.

15 Huyler Ave, Tenafly, NJ. 07670 Phone: (201)394-3575

Www.plinewlanguage.com plinstitutenewlanguage@gmail.com or plinstitute@msn.com

ON-SITE-SPANISH CLASS CONTRACT-GROUP INSTRUCTION (3-8 STUDENTS)

Student's Name: _____ DOB: _____ Age: _____

Parents' Name: _____ Ph: _____ Email: _____

Address: _____ Apt #: _____ City: _____ State: _____ Zip Code: _____

Type of Contract: **GROUP** *Class Contr./wks: _____ wks *Hrs/Contract: _____ hrs *Rate/Hr: **\$35**

Tuit. Plan: **A** Total Tuit: \$ _____ Regist. Fee: **\$35** () family disc:\$ _____ Total savings:\$ _____

Tuit. After disc: \$ _____ *Monthly Fee: \$ _____ Contract from: _____ to _____

Meeting Time/session: _____ Day: _____ Time: _____ Signature: _____

**First month: \$ _____ METHOD OF PAYMENT Date: _____

NOTE: CREDIT CARD INFORMATION MUST BE PROVIDED IF STUDENT IS UNDER INSTALLMENT PLAN

() Cash or () Check payable to PLI. Visa () MC () Discover () ***C.C. Administrative Fee: 2.5%: \$ _____

I authorize the PLI Director or Office Manager to use the following credit card information to process payment on between the 01st and the 05th day of each month to avoid a late penalty of \$25. *There will be a \$25 fee for bounced checks.

Cardholder's name: _____ Email: _____

Card number: _____ V. Code: _____ Expiration Date: _____

Signature: _____ Received by: _____ Thank you.

Address: _____ City: _____ Zip code: _____

CLASS SCHEDULE-2020 Total hours in 2020: _____ hrs

						MAKE UP

CLASS SCHEDULE-2020 Total hours in 2020: _____ hrs

						MAKE UP

TOTAL HOURS TAKEN: _____ hrs

PLI SPANISH FEE SCHEDULE FOR GROUP INSTRUCTION (3-8 students)

On-Site Services (On Customers' Premises)

GROUP TUITION FEE PER STUDENT

Student's Name: _____ Age: _____ Level: _____

GROUP INSTRUCTION-1HR PER WEEK IF PAID ON A MONTHLY BASIS

NO. OF WEEKS	NO. OF MONTHS	HRS/WEEK	TOTAL HRS/CYCLE	REGULAR TUITION FEE/HR @35.00	MONTHLY 4hrs/month	DISCOUNT IF PAID IN ADVANCE	TUITION AFTER DISCOUNT	INITIAL YOUR CONTRACT
12	3	1	12	\$ 420	\$ 140	\$ 15	\$ 400	
24	6	1	24	\$ 840	\$ 140	\$ 36	\$ 804	
40	10	1	40	\$1,400	\$ 140	\$ 80	\$1,320	

Registration fee: **\$45** Monthly: _____ Full: _____



***MONTHLY-GROUP IMMERSION PROGRAM:**

4 WEEKS: (3 hrs. per week for 4 weeks=12 hrs/month)

* Tuition Fee: **\$420** *No contract needed

***BOOST WEEKEND-GROUP IMMERSION PROGRAM:**

2 days: (4 hrs. per day for 8 hrs/weekend)

*Tuition Fee: **\$280** *No contract needed

*Additional 5% discount for each family member or for returning students on any tuition plan

METHOD OF PAYMENT:

***STUDENTS UNDER PAYMENT PLAN MUST PROVIDE CREDIT CARD INFORMATION IN ORDER TO BACK UP THE CONTRACT**

() Cash or () Check payable to PLI. Visa () MC () Discover ()

I authorize the PLI Director or Office Manager to use the following credit card information to process payment on between the 18th and the 25th day of each month to avoid a late penalty of \$25. *There will be a \$25 fee for bounced checks.

Cardholder's name: _____

Card number: _____ V. Code: _____ Expiration Date: _____

Address: _____ City: _____ Zip code: _____

Signature: _____ Received by: _____ Thank you.

15 Huyler Ave, Tenafly, NJ. 07670 Phone: (201)394-3575

Www.plinewlanguage.com plinstitutenewlanguage@gmail.com or plinstitute@msn.com

From: Victoria Palacio-Angel
To: All parents and students
Re: Spanish Class Program

Student's Name: _____
Age: _____ DOB: _____
Day(s) _____ Time: _____ Level: _____
Phone: _____ E-mail: _____

Dear parents and students

Below is a class program and fee schedule for all our students. We are happy to offer you several plans for 1, 2 or 3 hours per day and for 12, 24, and 40 weeks. Please advise us which will be the best class program for you and/or your childr(en). Below is a summary of our **Cancellation/Class credit and Withdrawal Policies:**

***STUDENTS UNDER THE INSTALLMENT PAYMENT PLAN MUST SUBMIT THEIR PAYMENTS EVERY FOUR WEEKS BETWEEN THE 13th AND THE 25th DAY OF EACH MONTH OR THE 01ST AND 5HT OR DAY DEPENDING ON THE STARTING DATE OF THE CONTRACT. A LATE FEE OF \$25 PER STUDENT WILL BE CHARGED.**

***STUDENTS UNDER THE INSTALLMENT PAYMENT PLAN MUST PROVIDE US WITH A MAJOR CREDIT CARD, WHICH WILL BE CHARGED WHEN PAYMENT IS NOT RECEIVED ON THE SCHEDULED DATE. (AN ADMINISTRATIVE FEE OF 2.5% IS CHARGED FOR PAYMENTS PROCESSED WITH CREDIT CARDS).**

***ONLY ONE CLASS SESSION PER MONTH FOR MAKE UP IS PERMITTED. THE CLASS MUST BE MADE UP WITHIN THE SAME MONTH. MISSED MAKE UP CLASSES WILL NOT BE RESCHEDULED.**

***THERE IS NO MAKE UP TIME FOR ARRIVING LATE OR FOR CLASSES NOT CANCELLED 24 HRS IN ADVANCE.**

***THERE IS A SURCHARGE FEE OF \$15 FOR STUDENTS WHO ARE PICKED UP 15 MINUTES AFTER THE SCHEDULED TIME.**

***ALL CONTRACTS MUST BE FINISHED BY THE SCHEDULED TIME. CONTRACTS CANCELLED BEFORE THE EXPIRATION DATE MUST BE PAID IN FULL. NO TUITION REIMBURSEMENT AVAILABLE. MONTHLY PAYMENTS MUST CONTINUE DURING TEMPORARY CLASS WITDRAWAL. CLASSES ARE NOT TRASFERRABLE TO SIBLINGS.**

Thank you so much for your valued support.

Victoria Palacio-Angel
PLI Director/Founder



PROGRESSIVE LANGUAGE INSTITUTE

*"OPENING DOORS TO A NEW WORLD"
-CONNECTING GENERATIONS AND CULTURES-*

PHOTO AND VIDEO RECORDING CONSENT FORM

I, _____ authorize PLI to take pictures and/or record myself and/or my child(ren) _____ during Spanish classes and cultural activities held on premises exclusively for the following educational purposes: (check one or more circles)

- ① Advertisement in flyers, brochures, posters, magazines, newspapers, videos, web page and the like media, **without** personal identification such as name, address, and age.
- ② **Internally use**

I understand that I am waiving the right to obtain financial compensation from the Progressive Language Institute as a result of these ads.

Signature

Date

15 Huyler Ave, Tenafly, NJ. 07670 Phone: (201)394-3575
Www.plinewlanguage.com plinstitutenewlanguage@gmail.com or plinstitute@msn.com

PERMISSION SLIP & EMERGENCY AUTHORIZATION

I, _____, as a student and/or parent agree to participate in activities outside the institute. Therefore, if my child(ren) are enrolled, I authorize the Progressive Language Institute (PLI) to take my child(en) _____ on any fields trips to the park and the library or any other place in the town of Tenafly that may be a means to broaden or strengthen my child(ren)'s knowledge of the Spanish language. I understand that such trips may be taken spontaneously and without my prior knowledge or further additional consent. (Otherwise, please state it on the comment session below). Trips to places such as museums, parks, and farms, etc located in different neighborhoods will be announced and additional parents' consent will be required. I further authorize PLI and its teachers, employees or agents to seek routine or emergency medical care if necessary during the time that my child(ren) are in the care of the Institute.

Parent's Comments/Recommendations: _____

Signed by: _____ Date: _____

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I understand and agree that in the event that I or my child(ren) suffers injury of any sort while participating in such an event or at the Institute, that I will not seek to pursue any claims against the supervisor of the activity, the Institute, and/or any of its agents, servants, employees or volunteers, unless such injury is caused by intentional or grossly negligent conduct of such person.

The Institute shall maintain a record of any accidents or injuries that occur during its classes and field trips. This record shall include the following information and be available for inspection upon request: name of injured party; date, time and location of injury; written description of the incident; names of witnesses; any follow-up action taken by the Institute, including a physician, if applicable.

Signature	Date	Relationship to student
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