



PROGRESSIVE LANGUAGE INSTITUTE

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

Dear Sir/Madam,

My name is Victoria Palacio-Angel and I am writing to you to thank you in advance for expressing your interest in our English programs and for taking the time to read the enclosed information about our courses and the English Clubs for enrolled students.

Congratulations on your wise decision in considering English as a second or third language for you or your child(ren). We are very pleased to learn that our program at PLI may be the means to provide your family with such an important skill as speaking a foreign language is in today's world. Moreover, we are delighted to bring into your family the opportunity to discover and enjoy the beauty of our USA culture.

As a **Registered New Jersey Professional Development Provider**, the Progressive Language Institute offers adult language training for business executives and professional staff, entitled, "**English for Business and Professional Development**". This is a comprehensive program exclusively designed for corporate executives and students from different professional backgrounds who are dealing with a growing number of multicultural clients domestically and internationally. This course is appropriate for professionals who wish to refresh and advance their English language skills or for those who simply need a quick, effective jump-start before a business trip or meeting. Our goal is to enable professionals to effectively communicate in English through realistic situations with specialized vocabulary used in typical business settings.

Our English courses for professional development are extended but not limited to the following fields:

Business English: Finance, Marketing, Human Resources Management, Journalism, Broadcasting/Communications, Hotel Management, Operations, Insurance, Fashion, Interior Design, Computer/Internet terminology, Real Estate, Spanish Phone Skills, Travel/Tourism. **Humanities**: Education, Literature; **Law Enforcement and Legal Terminology**; **Health**: terminology for medical personnel; **Mental Health**: Psychotherapy, social work, and counseling.

Please be advised that **translation** and **transcription** services are also available. (Please see attached for rates). For our brochure including class schedules and rates, or to set up a free trial class for your professional staff, please call me at (201)394-3575

Benefits:

By enrolling into our program, you and your entire family will be able to enjoy the following additional free services:

- **English Pal Club:** the main goal of the **English Pal Club** is to provide our students with the opportunity to socialize and practice their **English** language informally in an environment that takes them into a different world and culture. Students meet for one extra hour per week, which is usually on Saturdays from 1-2 PM).
- **English Parents Social Club:** this is a 2 hr monthly meeting with all of the parents to discuss issues regarding our children's Spanish education. It is also a good opportunity to socialize and practice the English language informally and enjoy many aspects of the Latin American culture through music, food, movies, and current events discussions.
- **English Parent Workshop:** this is an instructional 4 week course for one hour per week. The main goal is to make the parents of attending students fluent and better able to grasp the English language. In turn, it will enable parents to become more involved in what their child is learning at the Institute, along with bringing English into the household of those children who have been continuously studying the language with us at this school. The course is free of charge and it is offered four times a year.
- **5% discount:** second or more siblings or family members for contracts of 12 weeks only. Greater discounts are offered to contracts of 24 weeks or more. (See fee schedule attached)
- **Second sibling:** under the age of 8 months is free of charge.
- **"TELL A FRIEND PROGRAM": Save \$10 for every referred friend who registers in one of our programs.**

We hope that you and your family decide to take advantage of our programs and learn a language as well as open communication with the Institute in order to establish good student and or parent/school relationships. Together we can make a difference in our lives and our children as well by enjoying a gift that will last forever: A New Language-A New Soul.

Thank you again for your support.

Sincerely yours,

Victoria Palacio-Angel
PLI Director/Founder
MED-Instructional and Curriculum Design

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

www.plinewlanguage.com plinstitute@msn.com or plinstitute@gmail.com

PLI ENGLISH 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: **\$10.0**

Tuit. Plan: ___ 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-2019 Total hours in 2019: _____ hrs

						MAKE UP

CLASS SCHEDULE-2020 Total hours in 2020: _____ hrs

						MAKE UP

TOTAL HOURS TAKEN: _____ hrs

ENGLISH CLASS CONTRACT-PRIVATE INSTRUCTION (ONE STUDENT)

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

Parents' Name: _____ Ph: _____ Email: _____

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

Type of Contr: PRIVATE *Class Contr./wks: wks *Hrs/Contract: hrs *Rate/Hr: \$55

Tuit. Plan: __ 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-2019 Total hours in 2019: hrs

						MAKE UP

CLASS SCHEDULE-2020 Total hours in 2020: hrs

						MAKE UP

TOTAL HOURS TAKEN: hrs

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

GROUP TUITION FEE PER STUDENT

WEEKLY IN

Student's Name: _____ DOB: _____ Level: _____ Ph: _____

PLAN A: WEEKLY IMMERSION GROUP PROGRAMS-3 HRS/DAY-Regist fee: \$35

Full: _____ Weekly: _____

NO. OF WEEKS	TOTAL HRS 9AM-12 PM 12-3 PM 3-6 PM 6-9 PM	REGULAR TUTION FEE/HR @\$10.0	PAY THIS AMOUNT	SAVINGS	YOUR INITIALS
1	15	\$150	\$150	\$ 0.0	
2	30	\$300	\$255	\$ 45	
3	45	\$450	\$360	\$ 90	
4	60	\$600	\$450	\$150	
5	75	\$750	\$525	\$225	

PLAN B: WEEKLY IMMERSION-GROUP PROGRAMS-6 HRS/DAY-Regist fee:\$35

Full: _____ Weekly: _____

NO. OF WEEKS	TOTAL HRS 9AM-3PM 6 hrs/day	REGULAR TUTION FEE/HR @\$10.0	PAY THIS AMOUNT	SAVINGS	YOUR INITIALS
1	30	\$300	\$255	\$ 45	
2	60	\$600	\$450	\$150	
3	90	\$900	\$585	\$315	
4	120	\$1,200	\$660	\$540	
5	150	\$1,500	\$750	\$750	

BOOST WEEKEND-GROUP IMMERSION PROGRAM

*2 days: (4 hrs. per day for 8 hrs/weekend *Tuition Fee: \$80



WEELY PROGRAMS: 5 days/wk for 5 hrs/wk *Tuition fee: \$50/week

*Regist/Mtls fees: \$35 *No contract needed

METHOD OF PAYMENT:

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

I authorize the PLI Director or Office Manager to use the following credit card information to process payment on the due date of the tuition in order to avoid a late penalty of \$25. *There will be a \$25 fee for bounced checks.

Cardholder's name: _____ Signature: _____

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

Address: _____ City: _____ Zip code: _____

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

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

PLI ENGLISH FEE SCHEDULE FOR PRIVATE INSTRUCTION (ONE Student)
IN-HOUSE SERVICES (At PLI facility)

****Hourly Rate as for Tutoring for School texting: \$55 per student**

PLAN A: (Rate per student) Student's Name: _____

12 week cycle =12hrs (3months): \$45/hr *12 = **\$540/student**

Regular price: \$55*12=**\$660**

Your savings: \$660-\$540= **\$120.00**

***Registration Fee:** **\$35** (paid in advanced)

***Monthly Payment:** **\$180** **Signature:** _____ **Date:** _____

PLAN B: (Rate per student) Student's Name: _____

24 week cycle: 24hrs (6months): \$43/hr*24= **\$1,032/student**

Regular price: \$55*24hs = \$1,320

Your savings: \$1,320-\$1,032 = **\$288**

***Registration Fee:** **\$35** (paid in advanced)

***Monthly Payment:** **\$172.00** **Signature:** _____ **Date:** _____

PLAN C: (Rate per student) Student's Name: _____

36 week cycle: 36hrs (9 months): \$40/hr *36= **\$1,440/student**

Regular price: \$55*36hs = \$1,980

Your savings: \$1,980-\$1,440 = **\$540**

***Registration Fee:** **\$35** (paid in advanced)

***Monthly Payment:** **\$160** **Signature:** _____ **Date:** _____

PLAN D: (Rate per student) Student's Name: _____

40 week cycle: 40hrs (10 months): \$37/hr*40= **\$1,480/student**

Regular price: \$55*40hs = \$1,800=

Your savings: \$2200-\$1,480 = **\$720**

***Registration Fee:** **\$35** (paid in advanced)

***Monthly Payment:** **\$148** **Signature:** _____ **Date:** _____

INSTALLMENT PAYMENT: Students under the installment payment plan must submit their payments between the 13th and the 25th of each month or between the 1st and the 5th day of each month depending on date of enrollment. (See our class program policies).

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

January, 2019

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

Student's Name: _____

Age: _____ DOB: _____

Day(s) _____ Time: _____ Level: _____

Dear parents and students

Phone: _____ E-mail: _____

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 1-5 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 WEEK OR IN ONE FULL PAYMENT IN THE BEGINNING OF THE CYCLE. 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 WEEK 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. WEEKLY PAYMENTS MUST CONTINUE DURING TEMPORARY CLASS WITHDRAWAL. CLASSES ARE NOT TRANSFERABLE TO SIBLINGS.**

Thank you so much for your valued support.

Victoria Palacio-Angel
PLI Director/Founder

Student/Parent's Signature

Date



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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 field 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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EMERGENCY CONTACT INFORMATION

Name of Student _____ Date of Birth _____

Name of Student _____ Date of Birth _____

Name of Student _____ Date of Birth _____

Mother's name _____ Home Phone _____

Address _____ Zip Code _____

Cell Phone _____ Work Phone _____

Father's Name _____ Home Phone _____

Address _____ Zip Code _____

Cell Phone _____ Work Phone _____

Child's Physician _____ Phone _____

Dr.'s Address _____

LIST ALL PEOPLE WHO HAVE PERMISSION TO PICK UP YOUR CHILD(REN) AT PLI OR IF ADULT LIST YOUR EMERGENCY CONTACT PEOPLE.

Name RELATIONSHIP/phone

Name RELATIONSHIP/phone

LIST ALL ALLERGIES: FOOD AND ENVIRONMENTAL YOUR CHILD(REN) MAY HAVE

Signature of Parent/Guardian

Date

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