



PROGRESSIVE LANGUAGE INSTITUTE

OPENING DOORS TO A NEW WORLD"

-CONNECTING GENERATIONS AND CULTURES-

Dear Sir/Madam,

As we all know, the Spanish global market is rising every day and it surpasses any other worldwide. The importance of articulation in this language is becoming more of a necessary tool for us all, especially in the competitive business world where companies are continuously striving to seek out new markets for their products and services. This may entail increased communication and travel to Spanish-speaking countries, where different languages, customs, and business etiquette may create an obstacle.

In light of this, the Progressive Language Institute's aim is to provide corporate executives of all industries with the level of communication and essential language skills needed to compete and succeed in this increasingly multilingual marketplace.

As a **Registered New Jersey Professional Development Provider**, the Progressive Language Institute offers adult language training for business executives and professional staff, entitled, "**Spanish 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 Hispanic clients domestically and internationally. This course is appropriate for professionals who wish to refresh and advance their Spanish 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 Spanish through realistic situations with specialized vocabulary used in typical business settings.

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

Business Spanish: 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. To set up a free trial class for your professional staff, please call me at (201)394-3575

Sincerely yours,

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

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

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



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PLI Cancellation/Class credit and Withdrawal Policies

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

***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.**

***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 TRANFERRABLE TO OTHER COLEAGUES.**

Student's Signature

Date

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**CORPORATE-SPANISH FEE SCHEDULE FOR GROUP INSTRUCTION
(3-8 students) **Tuition fee/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 TUTION FEE/HR @45.00	MONTHLY 4hrs/month	DISCOUNT IF PAID IN ADVANCE	TUTION AFTER DISCOUNT	INITIAL YOUR CONTRACT
12	3	1	12	\$ 540	\$ 180	\$ 27	\$ 513	
24	6	1	24	\$ 1,080	\$ 180	\$ 54	\$1,026	
40	10	1	40	\$1,800	\$ 180	\$ 90	\$1,710	

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



***MONTHLY-GROUP IMMERSION PROGRAM:**

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

* Tuition Fee: **\$585** *No contract needed

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

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

*Tuition Fee: **\$395** *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.

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CORPORATE SPANISH CLASS CONTRACT-GROUP INSTRUCTION (3-8 STUDENTS)

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

Cell: _____ Email: _____

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

Type of Contract: **GROUP** *Class Contr./wks: **_____ wks** *Hrs/Contract: **_____ hrs** *Rate/Hr: **\$45**

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-YR: _____ Total hours: _____ hrs

						MAKE UP

CLASS SCHEDULE-YR: _____ Total hours: _____ hrs

						MAKE UP

TOTAL HOURS/CONTRACT- TAKEN: _____ hrs



**PLI SPANISH FEE SCHEDULE FOR PRIVATE INSTRUCTION
(One Student-Tuition/Student)**

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

*** 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 \$115	MONTHLY 4 hrs/month	5-10% DISCOUNT PAID IN ADVANCE	TUITION AFTER DISCOUNT	INITIAL YOUR CONTRACT
12	3	1	12	\$ 1,380	\$ 460	\$ 50	\$1,330	
24	6	1	24	\$ 2,760	\$ 460	\$ 150	\$2,610	
40	10	1	40	\$4,600	\$ 460	\$ 350	\$4,250	

Materials fee: **\$45**

*Monthly: _____

*Full: _____



***MONTHLY- PRIVATE IMMERSION PROGRAM:**

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

*Tuition Fee: **\$1,380** *No contract needed

***BOOST WEEKEND- IMMERSION PROGRAM:**

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

*Registration/Materials fees: **\$35**

*Tuition Fee: **\$920**

*No contract needed

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.

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CORPORATE SPANISH 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: \$115

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-YR: _____ Total hours hrs

							MAKE UP

CLASS SCHEDULE-YR: _____ Total hours: hrs

							MAKE UP

TOTAL HOURS/CONTRACT TAKEN: hrs



**CORPORATE SPANISH FEE SCHEDULE FOR SEMI-PRIVATE
INSTRUCTION (Two Students-Tuition/Student)**

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

*** 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 \$65	MONTHLY 4 hrs/month	5-10% DISCOUNT PAID IN ADVANCE	TUTION AFTER DISCOUNT	INITIAL YOUR CONTRACT
12	3	1	12	\$ 780	\$ 260	\$ 30	\$ 750	
24	6	1	24	\$1,560	\$ 260	\$ 130	\$ 1,430	
40	10	1	40	\$2,600	\$ 260	\$ 260	\$ 2,340	

Materials fee: **\$45**

*Monthly: _____

*Full: _____



***MONTHLY- PRIVATE IMMERSION PROGRAM:**

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

***Tuition Fee: \$815 *No contract needed**

***BOOST WEEKEND- IMMERSION PROGRAM:**

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

***Tuition Fee: \$555 *No contract needed**

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.

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CORPORATE SPANISH CLASS CONTRACT-SEMI-PRIVATE INSTRUCTION

(Two students-Tuition/student)

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

Parents' Name: _____ Ph: _____ Email: _____

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

Type of Contr: SEMIPRIVATE *Class Contr./wks: wks *Hrs/Contract: hrs *Rate/Hr: \$65

Tuit. Plan: A Total Tuit: \$ Regist. Fee: \$45 () 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-YR: _____ Total hours: hrs

						MAKE UP

CLASS SCHEDULE-YR: _____ Total hours: hrs

						MAKE UP

TOTAL HOURS TAKEN: hrs



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PHOTO AND VIDEO RECORDING CONSENT FORM

I, _____ authorize PLI to take pictures and/or record myself 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

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PERMISSION SLIP & EMERGENCY AUTHORIZATION

I, , as a student, I agree to participate in activities outside my office or the institute that are exclusively related to the learning of my Spanish language. I understand these field trips made to places such as museums, parks, and restaurants have the sole purpose of practicing the language in a more functional and useful manner. This learning approach aims to reinforce my conversational skills while living real life experiences in a variety of situational settings. Such outdoors activities will be planned in advanced depending on my availability. I further authorize PLI and its teachers, employees or agents to seek routine or emergency medical care if necessary, during the time these activities are taking place.

I understand and agree that in the event that I suffer 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.

Student's comments: _____

Signature Date



EMERGENCY CONTACT INFORMATION

Name of Student _____ Date of Birth _____

*#1 Emergency contact's name: _____ email: _____

Address _____ State: _____ Zip Code _____

Cell Phone _____ Work Phone _____

*#2 Emergency contact's name: _____ email: _____

Address _____ State: _____ Zip Code _____

Cell Phone _____ Work Phone _____

LIST ALL ALLERGIES: FOOD AND ENVIRONMENTAL YOU MAY HAVE

Student's Signature

Date