

Basic Information

Parent First Name

Parent Last Name

Address

Phone Number

Email

Participant First Name

Participant Last Name

Participant Age

Participant's School & Grade

Spanish Program Fees

☐ **Group Lessons** = \$130 per month (1 hour each session, min 3 students & max 5 students).
 ___ Beginning ___ Intermediate ___ Advanced ___ AP/Honors ___ Fluent

☐ **Group Tutoring** = \$120 per month (4 sessions, 1 hour each session, 1st-12th grade students).
 ___ Homework help ___ Exam prep ___ Conversation

☐ **Clubhouse for Kids** = \$192 per month (4 sessions, 2 hours each session, max 12 students).

☐ **Private Lessons or Tutoring** = \$400 per 8 sessions (1 hour each session).

☐ **Private Lesson or Tutoring** = \$75 an hour or \$45 per 30 mins (by appointment only)

☐ **Other, specify** _____

*All Spanish programs are subject to a one-time registration fee of \$50 per new student.

Payment Options

☐ Check
 payable to Frommis Inc.

☐ Zelle - Frommis Inc.
 310-818-1171

☐ Credit Card -
 frommisspanish.com



Scan to Pay



Terms & Conditions

Please review the below terms and conditions and sign below.

Payment Policy – Payment for both a non-refundable registration fee and the session fees for the current month is due upon registration. After that, monthly payments are due by the 5th of each month. A \$15 late fee will be applied to payments not received by due date.

Cancellation Policy – A written cancellation notice of at least 14 days before next billing month is required for any withdrawal from a Frommis Inc. Spanish program. No refunds or credits are available for any missed class. However, a make-up session per month may be scheduled, subject to group session space and availability.

Behavior Policy – Frommis Inc. reserves the right to deny entrance and/or continuation of any program to any child who is unruly or does not respect the rules of the Frommis sessions. No refund will be provided in such cases.

Restroom Policy – Frommis Inc. premises have communal restrooms, and each child is expected to use the restroom before or after their session. In the event that a participant needs to use the restroom during the session, an instructor or director will guide the participant, unless otherwise instructed by the parent.

Use of Photographic Images – At Frommis Inc., we may occasionally take pictures, audio recordings, or videos of participants during class activities, and use them in our printed materials and/or on our website. Please confirm your consent below.

I, _____, consent to the use of photography and video of my child in Frommis Inc.'s printed materials, website, and/or for any publicity purposes.

Safety and Preventive Measures – All parents and participants are expected to follow safety instructions designed to enhance the safety of all participants. At least one staff member on-site is CPR trained. However, in case of a medical emergency, we will need the parent's consent for Frommis Inc. to secure emergency medical care.

I, _____, authorize Frommis Inc. to secure medical treatment from any licensed physician, doctor, hospital, or medical personnel. I will be responsible for any costs incurred for all medical services provided.

COVID-19 Policy – Frommis Inc. will abide by any COVID-19 guidelines enforced by the City/State. Thorough cleaning and sanitizing will be provided at the center. If the participant has a cough, runny nose, or feels ill, please skip the session and notify us of the absence.

I, _____, further understand and acknowledge that an inherent risk of exposure to COVID-19 exists in any public place where people are present. I expressly agree to accept and assume any such risks on behalf of myself and my child.

Participation Waiver and Release

Participant's Name: _____ will participate in certain enrichment activities provided by Frommis Inc. I understand that with any group activity, there are risks of injury, and I will not hold Frommis Inc., its owners, employees, instructors, or contractors responsible for any accidents, personal injuries, illness, or loss or damage to personal property that may occur at this center. This waiver absolves the company of any duty for injuries sustained on the premises before, during, or after the activity.

By signing this agreement, I agree to hold the company completely harmless, including financial responsibility for any injuries sustained, regardless of the cause or circumstances.

Name of Parent: _____

Parent Signature: _____ Today's Date: _____

Emergency Contact

First Name

Last Name

Mobile#

Relationship to Participant

Authorized Person to Pickup Participant

First Name

Last Name

Mobile#

Relationship to Participant

Allergies/Diet Restrictions

Does the participant have any food allergies and/or diet restrictions?

☐

No

☐

Yes, please specify _____

Spanish Proficiency

☐

New to Spanish

☐

Beginner

☐

Intermediate

☐

Advanced

☐

Fluent

Participant's reading and writing proficiency in both Spanish and English

How did you hear about us?

☐

Social Media _____

☐

Referred by _____

☐

Flyer _____

☐

Website _____

☐

Other _____

Notifications/Updates

Send me updates, newsletter, offers, latest events information via

☐

text

☐

e-mail

Subscribe me to session/event reminders and notifications via

☐

text

☐

e-mail