

Metaphor

Russian Language School

7000 Arlington Blvd., Falls Church VA 22042
Tel. (202) 492-2282, (202) 413-0946
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www.MetaphorSchool.com

Summer Program Enrollment Form

I wish to enroll my child at Metaphor Russian Language School Summer program of 20____. I am enclosing an

Application fee of \$35.00, and a Payment of \$_____

For the period of one session two sessions three sessions

from _____ 2011 to _____ 2011

I use the discount of _____ due to more than one session second child

Applicant's Information

Child's Full name _____

Commonly used first name _____ Male Female

Date of Birth _____/_____/_____ Current Age _____

Applicant is Sibling of a Current Student _____

Level of your Child's Russian Language (you may check more than one box)

Basic Comprehension Basic Conversational Basic Reading / Writing

Advanced Comprehension Advanced speaking Native

Advanced reading and writing Other (explain) _____

T-shirt size: XS S M

Applicant's School Experience

Previous School _____ Dates of Attendance _____

Current School _____ Current Grade _____

Dates of Attendance _____ Telephone # _____

Did your child take any Russian Classes Before? Yes No

Private classes Evening group classes Weekend school

Other (explain) _____

Family Information

Mother's / Legal Guardian's name _____

Father's / Legal Guardian's name _____

Correspondence regarding this Application should be sent to the Address :
Street _____

City _____ State _____ Zip code _____

Home Phone (_____) _____ Fax number (_____) _____

E-mail Address _____

Father's Occupation _____

Mother's Occupation _____

Business Phone (_____) _____ Cell Phone (_____) _____

Financial Responsibility for applicant will be assumed by: _____

Applicant's brothers and sisters:

Name _____ Date of Birth _____

School _____ Grade _____

Name _____ Date of Birth _____

School _____ Grade _____

How did you hear about us?

Internet (website) _____ Advertisement (source) _____

Friend / Relative (name) _____ Other (explain) _____

Health Statement

Please state the Applicant's General State of Health: _____

Is the Applicant under the Care of a Physician? _____

Your child's primary physician: Name _____ Telephone # _____

Is your child covered by medical Insurance? Yes No If yes,

Company _____ Policy # _____

Name of the Primary Insurance Holder _____

Does your child have any disability, illness or allergy of any kind, which may require special attention or would limit participation in school activities?

If yes, describe briefly. _____

Will your child come to school with any medications or injections? If yes,

Describe what and how often needed _____

Program Placement

Which session do you want to sign up for? You may choose more than one.

First Session **June 20 – July 1**

Mini camp_____ \$150/week

Mini camp, 8:00 a.m. – 1:00 p.m.

Full camp_____ \$290/week

Full camp, 8:00 a.m. - 4:00 p.m.

Second Session **July 5 – July 15**

Mini camp, 8:00 a.m. – 1:00 p.m.

Full camp, 8:00 a.m. - 4:00 p.m.

Third Session **July 18 – July 29**

Mini camp, 8:00 a.m. – 1:00 p.m.

Full camp, 8:00 a.m. - 4:00 p.m.

Optional Week **August 1 – August 5**

Mini camp, 8:00 a.m. – 1:00 p.m.

Full camp, 8:00 a.m. - 4:00 p.m.

Extended program

Extended program _____ \$10.00 / hour or _____ \$45.00/week

4:00 p.m. – 5:00 p.m.

5:00 p.m. – 6:00 p.m.

Additional Class

Speech therapist

group ___ \$12.00/class

individual___\$25.00/class

Emergency contact

Name _____ Telephone # _____

Relation to the child _____

Payment

A \$35.00 non-refundable Application Fee must accompany each application. Upon acceptance of the applicant, a non- refundable payment for one week is required to hold a place.

*I agree to the terms of enrollment and regulations
of the School as stated on this application and the Info Sheet
for the Summer program 20____ .*

Parent's signature

Date

Please complete this application, and send it by mail with your payment at

11401 Dorchester Ln., Rockville MD 20852

Make your check payable to

Dialogue, Russian Center for Cultural Development