

# Metaphor

## Russian Language School

2501 Gallows Rd., Dunn Loring, VA 22027  
Tel. (202) 492-2282, (202) 413-0946  
e-mail: schoolmetaphor@gmail.com  
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 \_\_\_\_\_ 2010 to \_\_\_\_\_ 2010

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 week (optional) June 21 – June 25

Mini camp \_\_\_\_\_ \$150/week

Full camp \_\_\_\_\_ \$290/week

Mini camp, 8:30 a.m. – 12:30 p.m.

Full camp, 8:30 a.m. - 3:30 p.m.

First Session June 28 – July 9

Mini camp, 8:30 a.m. – 12:30 p.m.

Full camp, 8:30 a.m. - 3:30 p.m.

Second Session July 12 – July 23

Mini camp, 8:30 a.m. – 12:30 p.m.

Full camp, 8:30 a.m. - 3:30 p.m.

Third Session July 26 – August 5

Mini camp, 8:30 a.m. – 12:30 p.m.

Full camp, 8:30 a.m. - 3:30 p.m.

## Extended program

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

7:30 a.m. – 8:30 a.m.

3:30 p.m. – 4:30 p.m.

4:30 p.m. – 5:30 p.m.

## Additional Class

Speech therapist

group \_\_\_\_\_ \$13.00/class

individual \_\_\_\_\_ \$25.00/class

## Emergency contact

Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Relation to the child \_\_\_\_\_

## Payment

A \$30.00 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**