



24300 Welsh Road * Damascus * MD * 20882 * 301-758-9564
learnspanishunodostres@gmail.com

REGISTRATION

Student Information:

First Name: _____ Last Name: _____

DOB: _____ Female: ☐ Male: ☐

Address: _____

Grade: _____ School: _____

Parent/Guardian Information:

Parent/ Guardian name: _____ Mom/ Dad

Email: _____

Home Phone: _____ Cell Phone: _____

Would texting be ok? YES ☐ NO ☐

Parent/ Guardian name: _____ Mom/ Dad

Email: _____

Home Phone: _____ Cell Phone: _____

Would texting be ok? YES ☐ NO ☐

Siblings:

None ☐

Sibling 1: _____ Grade: _____

Sibling 2: _____ Grade: _____

Sibling 3: _____ Grade: _____

Emergency contact 1:

Name:	_____
Contact number:	_____
Relationship to student:	_____

Emergency contact 2:

Name:	_____
Contact number:	_____
Relationship to student:	_____

Medical information:

Allergies or Health Concerns:	_____
Primary Doctor:	_____
Phone:	_____

Registering for:

Course Levels

~Check ✓ one Level~

E Elementary students	B and C Middle and High School Students	A Adults
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E Pre K, Kindergarten and 1 st graders	<input type="checkbox"/>	B1 Beginner 1	<input type="checkbox"/>	A1 Beginner	<input type="checkbox"/>
E1 2 nd and 3 rd graders	<input type="checkbox"/>	B2 Beginner 2	<input type="checkbox"/>	A2 Conversational Spanish	<input type="checkbox"/>
E2 4 th and 5 th grade	<input type="checkbox"/>	B3 Advanced 1	<input type="checkbox"/>		
		C Immersion	<input type="checkbox"/>		

Who do I need to thank for referring you? _____