

Career Language Training

ENROLLMENT APPLICATION

I, the undersigned, hereby make application for my acceptance into Spanish classes at Career Language Training PLLC. As a condition of acceptance in Spanish classes, I covenant and agree to hold Career Language Training PLLC harmless and forever indemnify it, its owners and its agents from any and all liability arising from injuries which I should sustain while on the premises occupied by the school. Upon re-enrollment in subsequent classes, I understand and agree that the conditions above will be applicable to such re-enrollment and binding on me without the necessity of completing an additional application. I understand that the cost must be paid in full upon registration and is not refundable.

PLEASE PRINT

Student Name \_\_\_\_\_

Why do you want to learn Spanish? \_\_\_\_\_

How did you hear about Career Language Training? \_\_\_\_\_

Student Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone # \_\_\_\_\_

Medical Concerns \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Conversational Spanish for Adults

No Make Up class for a missed day unless it's an emergency

I agree to abide by the terms above.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_