



Los Monitos Language Center Adult Enrollment Form

502-893-0933

Name #1 _____ Name #2 _____

Address: _____ City: _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail address: _____

PLEASE CHECK PROGRAM(S) FOR WHICH YOU'D LIKE TO REGISTER:

- | | |
|--|--|
| <input type="checkbox"/> 10-Week Spanish Level: _____ | <input type="checkbox"/> Review Series |
| <input type="checkbox"/> 5-Week Intensive Spanish Level: _____ | <input type="checkbox"/> 5-Week Interm/Advanced Discussion |
| <input type="checkbox"/> 10-Week English Level: _____ | <input type="checkbox"/> 5-Week Beginner Conversation |
| <input type="checkbox"/> 10-Week French Level: _____ | <input type="checkbox"/> Wine tasting / Cooking Class |
| <input type="checkbox"/> 10-Week German Level: _____ | <input type="checkbox"/> Book Club |
| <input type="checkbox"/> 10-Week Italian Level: _____ | <input type="checkbox"/> Other _____ |

DAYS/TIME: _____ (go to www.LosMonitos.com for class schedule)

TOTAL AMOUNT ENCLOSED: \$ _____ (go to www.LosMonitos.com for class fees)

Please submit completed form with payment to: **Los Monitos, Inc.**
2920 Frankfort Avenue, Suite 102
Louisville, KY 40206

Policies:

1. Payment must be made prior to the first class.
2. No refunds or credits within one week prior to course start date.
3. Minimum and maximum class sizes apply: minimum-4 students, maximum-10.
4. There is a \$9 fee for returned checks.

I agree to adhere to the policies stated above. _____
Student's Signature Date

1) What previous experience have you had with Spanish or another language? _____

2) What would you like to learn in this class? _____

3) Where did you hear about Los Monitos? _____

4) Would your employer be interested in on-site Spanish classes? If so, please provide contact information. _____