

# AMERICA-ITALY SOCIETY OF PHILADELPHIA

230 South Broad Street, Suite 1105 Philadelphia PA 19102  
www.aisphila.org 215-735-3250 info@aisphila.org

## IMPARARE L'ITALIANO GIOCANDO

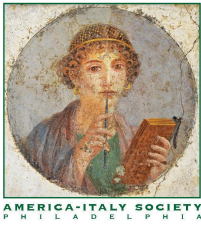
### Corso di Italiano per bambini; *children Italian course*

This charming program is crafted to offer a complete Italian immersion experience, through a seamless flow of engaging activities. Led by **two** experienced teachers, our curriculum fosters exploration of the Italian language through fun-filled games blending singing, movement, storytelling, music, vocabulary games, art & crafts, and fun exercises creating a playful learning environment. All conducted exclusively in Italian, we will make language learning a natural and joyous experience for your kids.

- **Who:** all children in **pre-K and K**, ensuring they are **both verbally and potty trained**
- **When:** The course will start **Saturday, January 13** and will go on every Saturday for 10 weeks.  
Arriving time between 9:30am and 9:45am\*; class 9:45am-10:45am; pick up between 10:45am and 11:00am\*\*
- **Where:** 230 S Broad st, Suite 1105, Philadelphia, PA, 19102
- **How much:** \$500 for the first child, \$450 for any sibling if you enroll by Dec 15, 2023.  
\$530 for the first child, \$480 for any sibling if you enroll by Jan 6, 2024.  
**Subject to availability, limited spot available.**

### POLICIES

- \* One of our teachers will wait in the building's lobby between 9:30am and 9:45am and she will take all the kids upstairs at 9:45am. **Entry will not be permitted for those arriving after 9:45am.**
- \*\* One of the teachers will be down to the lobby with the kids by 10:50am, pick up will be between 10:50am and 11:00am. Arriving later than 11:00 will result in **late fees** (\$5 every 5 minutes)
- Cancellation Policy: To be eligible for a tuition refund, parents must contact the AIS office at least 48 hours before the first class (\$30 will be retained by AIS). After the first class, only a credit for the next session will be issued (a \$30 cancellation fee plus \$50 per class taken will be retained by AIS). No credit is issued after the end of the fourth week of classes.
- The Society reserves the right to cancel a class as circumstances demand; in this case unused tuition will be refunded.
- **NO FOOD or DRINKS** (except water) are allowed in the office if not otherwise stated prior to the class.



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**ENROLLMENT FORM** – to complete in each section, sign and give back to the school or send at  
[ais.frontdesk@aisphila.org](mailto:ais.frontdesk@aisphila.org)

Nome e cognome studente/i; *Student(s) Name and Surname*

\_\_\_\_\_ Data di nascita (DOB) \_\_ - \_\_ - \_\_\_\_\_

\_\_\_\_\_ Data di nascita (DOB) \_\_ - \_\_ - \_\_\_\_\_

Nome e cognome genitore/i; *Parent(s) Name and Surname*

\_\_\_\_\_

\_\_\_\_\_

Indirizzo; *Mailing Address* \_\_\_\_\_

Telefono (*phone*): \_\_\_\_\_ Whatsapp (if available): \_\_\_\_\_

Email: \_\_\_\_\_

Si prega di scegliere tra le modalità di pagamento qui sotto indicate.

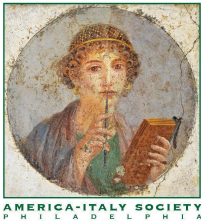
*There are three payment plans from which you can choose. Please indicate your selection below:*

**Full payment by Dec 15, 2023**                      \$ 500 first kid                      \$ 450 siblings

**Full payment by Jan 6, 2024**                      \$ 530 first kid                      \$ 480 siblings

CHECK PAYABLE TO THE “AMERICA ITALY SOCIETY OF PHILADELPHIA”

*Please bring/send check to: “America Italy Society of Philadelphia”, 230 S Broad st., Suite 1105, Philadelphia, PA 19102*



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TOTAL \$ \_\_\_\_\_

CHK # \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ DOB: \_\_ - \_\_ - \_\_\_\_

STUDENT NAME: \_\_\_\_\_ DOB: \_\_ - \_\_ - \_\_\_\_

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

## Declaration of Good Health:

I, \_\_\_\_\_, hereby declare that my child, \_\_\_\_\_, is currently in good health and free from any contagious illness. I confirm that my child is fit to participate in the *Imparare l'Italiano Giocando* and engage in its associated activities.

I understand the importance of promptly informing the class organizers in case of any changes in my child's health status that may impact their participation.

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Allergy Self-Declaration for minors:

I, \_\_\_\_\_, hereby declare that my child, \_\_\_\_\_, have the following known allergies:

Allergy: \_\_\_\_\_

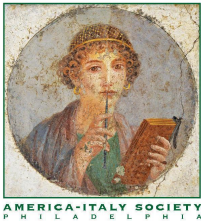
Reaction: \_\_\_\_\_

Allergy: \_\_\_\_\_

Reaction: \_\_\_\_\_

I am aware of the potential allergens present in the AISPhila environment and will take necessary precautions to avoid exposure. I understand the importance of informing the class organizers immediately in case of accidental exposure or any adverse reactions.

The America Italy Society is dedicated to ensuring that the substances listed above will not be present throughout the duration of the lessons.



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The America Italy Society

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Disclaimer for Children:**

By allowing your child to participate in *Imparare l'Italiano Giocando*, you acknowledge and agree to the following terms:

**Assumption of Risks:** You understand and accept that *Imparare l'italiano Giocando* may involve certain inherent risks. While we take reasonable measures to ensure safety, accidents or unforeseen events may occur.

**Health and Medical Conditions:** It is your responsibility to inform us of any pre-existing health conditions, allergies, or other relevant medical information regarding your child that could affect their participation in the *Imparare l'Italiano Giocando*, as per the declarations above.

**Behavioral Expectations:** We expect all participating children to adhere to appropriate and respectful behavior. We reserve the right to remove a child from the program if their behavior poses a risk to themselves or others.

**Photography and Recording:** By allowing your child to participate, you consent to the use of photographs or recordings for promotional and documentation purposes related to the program.

**Changes and Cancellations:** We reserve the right to make changes to the schedule, content, or cancel the event if unforeseen circumstances arise. We will make reasonable efforts to inform participants in advance.

By allowing your child to participate, you acknowledge that you have read, understood, and agree to this disclaimer.

Parent/Guardian/Legal Representative Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_