

# Mucho Gusto Spanish

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## Registration Form

*Please print in ink*

**Make checks payable to Mucho Gusto Spanish**

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

**Please circle the best way to contact you during the day in case of an emergency.**

Child's name \_\_\_\_\_ Gender \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_

1<sup>st</sup> choice location and class time \_\_\_\_\_ 2<sup>nd</sup> choice location and class time \_\_\_\_\_

Allergies and any other health concerns or need for modifications:

Other information you'd like me to know about your child's learning style, behavior in groups, or interests:

What is your own background in Spanish?

Has your child had previous exposure to Spanish? If yes, please elaborate.

**If enrolling in drop-off class:**

Emergency contact \_\_\_\_\_

Names of any other adults authorized to pick up your child

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**If enrolling in parent/child class:**

What other adults might attend class with your child?

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**PHOTO RELEASE**

**By signing below I hereby grant free permission for Mucho Gusto Spanish to use images of enrolled participant in their programs or events for outreach purposes, including but not limited to electronic or printed materials or media.**

**Please consider granting this release if at all possible, as our ability to successfully share our program with new participants depends on having representative photographs.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**NO, I do not wish to grant a photo release.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**