

¡Viva el Español!

Riviera Presbyterian Church 5275 SW Sunset Drive, Coral Gables FL 33143

2025 Registration Form (One form per camper)

Camper's Last Name _____ First Name _____ Age _____ Birthday _____

Street Address _____ City _____ State _____ Zip Code _____

School _____ Grade (Next Fall) _____ Previous camper? Yes _____ No _____

Parent 1 Last Name _____ First Name _____ Email _____

Cellphone Number _____ Work Number _____ Home Number _____

Parent 2 Last Name _____ First Name _____ Email _____

Cellphone Number _____ Work Number _____ Home Number _____

Tell us about your child's special needs, allergies, and medications _____

Emergency Contact Person _____ Relationship _____ Phone _____

Pediatrician _____ Phone _____ Medical Ins. _____ Policy # _____

Who else is authorized to pick up your child? Name _____ Phone _____

How did you hear about Viva el Español? _____

Mark with an X the appropriate selection:

Session D1 ___ 07/21 - 07/25 (1 week) \$395 ___

Lunch (\$9 per day) \$45 ___ Tot.\$ ___

Session D2 ___ 07/28 - 08/01 (1 week) \$395 ___

Lunch (\$9 per day) \$45 ___ Tot.\$ ___

Session E ___ 08/04 - 08/08 (1 week) \$450* ___

Lunch (\$9 per day) \$45 ___ Tot.\$ ___

HOURS: 9:00 am to 2:30 pm / Early Care available from 8:15 am (at no extra cost)***Session E: Hours 9:00 am to 3:15**

Registration \$50.\$ ___

AFTER CARE AVAILABLE UP TO 5:30 pm (\$ 30 per day / \$120 per week)

After care \$ ___

TOTAL \$ ___**PAYMENT METHOD** (Mark with an X)1. **Check** (payable to Step By Step Spanish) _____ **Check #** _____2. **Cash** _____3. **Credit / Debit card** ___ **Visa** ___ **Master Card** ___ **Amex** ___

I hereby authorize Step By Step Spanish, to charge my account in the amount of \$ _____

Credit Card # _____ - _____ - _____ **Exp. Date** _____ **CVV** _____**Cardholder** _____ **Signature** _____**Credit Card Account Billing Address** _____ **zip** _____

Disclaimer and release: I hereby release and waive my right to make a claim against Step By Step Spanish and/or The Riviera Presbyterian Church, for any liability or damage arising from claims related to the camp activities, including claims for any injury sustained by my child (ren) while participating in any camp program. I authorize Step By Step Spanish to have my children treated in the event of an accident or injury if none of the above contacts can be reached. **Cancellations and Refunds:** Fees are non-transferable and non-refundable. However, if a cancellation is requested 14 or more days prior to the beginning of the session reserved, credit will be given for another session. In the event the customer does not have the possibility to reschedule a session, a voucher for the value of the amount paid will be granted to the customer. The voucher could be used to pay any of the language teaching services Step by Step Spanish offers, provided the new enrollment or request for new service occurs by September 30th, 2026.

I certify that I have read this document and that I understand and agree to all of the foregoing information, terms, and conditions.

Parent's/Guardian's Signature: _____

Print Name: _____ Date: _____

We love to use photos and video clips in our promotional material. May we use your child's image? If so, please initial here: _____